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NON-AGENDA GROUPS: A STUDY OF THE PHILOSOPHY
AND PRACTICE OF SELECTED CLINICAL PASTORAL
EDUCATION SUPERVISORS

A Thesis
Presented to
The Faculty of
Asbury Theological Seminary

In Partial Fulfillment
of the Requirements for the Degree
Master of Theology

by
Wendall Dwight Ramsey

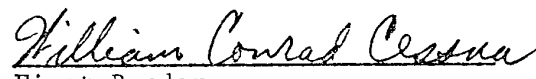
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Approved:


First Reader


Second Reader

by

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ACKNOWLEDGEMENTS

I should like to express my sincere appreciation to the following individuals who inspired and supported me in this research.

Ray N. Cooley, Jr., my CPE supervisor at Eastern State Hospital, Lexington, Kentucky, 1970-71, provided me with the initial idea of investigating CPE non-agenda groups. His ability in conducting group sessions, and his dedicated individual supervision helped promote not only my interest in the subject, but my own personal growth. William C. Cessna, my thesis advisor, helped guide my thinking and writing. Perhaps more importantly, he responded in a constructive manner to my frustrations and procrastinations. W. Curry Mavis, my major Th.M. professor, provided much needed advice in the early stages of my study.

Gratitude is also given to the eight supervisors who responded to the pre-test used in the development of my questionnaire: Clarence Y. Barton, Ray N. Cooley, Jr., Richard A. Donnenwirth, Joseph H. Foster, Judson D. Howard, Joseph W. Knowles, Robert C. Leslie, and Wayne E. Oates.

Special thanks are given to Clarence Barton, Ernest Bruder, Ray Cooley, Harry DeWire, Richard Donnenwirth, Franklin Duncan, and Wayne Oates who supplied me with helpful materials and ideas in constructing my research instrument.

Invaluable consideration was received from various librarians, especially: William D. Faupel and Susan A. Schultz, Asbury Theological Seminary, Wilmore, Kentucky, Larry V. Anderson, Laredo Junior College,

Laredo Texas, and Elizabeth Maxson, Medical Center Library, University of Kentucky, Lexington, Kentucky.

Numerous staff members of Holding Institute, Laredo, Texas, also contributed to this work in various ways. The typing assistance of Charles Graff and Steve Pierce was especially helpful.

The 120 supervisors who responded to my questionnaire made a crucial contribution to this study. Their willingness to invest their valuable time in this project is deeply appreciated.

My greatest debt of gratitude goes to my parents, Henry and Ruth Ramsey, and my wife Gay. The encouragement and support of my parents never waned. The love and patience of my wife will never be forgotten. Her typing ability has greatly facilitated this study.

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CHAPTER I

INTRODUCTION

PURPOSE OF THE STUDY

The purpose of this research is to determine the philosophy and practice of selected clinical pastoral education supervisors in their use of non-agenda groups. It is hoped that the findings of this research will help provide the basis and incentive for further investigation in the areas delineated.

JUSTIFICATION OF THE STUDY

Association with various clinical pastoral education supervisors, and a review of the literature related to clinical pastoral education led to the conclusion that very little comprehensive research had been done in the area of non-agenda groups as practiced in clinical pastoral education centers. Journal articles and conference reports have dealt primarily with particular non-agenda groups in particular settings. Very few articles discussed the subject from a general or theoretical point of view. Thus, a need to survey selected clinical pastoral education supervisors was indicated, in order to gather material which might identify current philosophy and practice in such groups.

The need for more research in the field of clinical pastoral education has been observed in several writings on the subject, including

that of Swanson who states:

One of the problems which has hampered Clinical Pastoral Education in the past has been the lack of valid and reliable measures of what takes place in, or the degree of success of, a given twelve-week training period or program. There has been question as to whether or not the methods of a given clinical training program lead toward the realization of its goals and, therefore, whether or not the underlying educational theory is sound and realistic.¹

Hiltner indicates that the "oral tradition" of clinical pastoral education has resulted in little written articulation from the in group on many of the things most valuable.² The same idea is echoed by Knights who makes specific reference to group experience.³

Knights also emphasizes the need of more research in the area of group experiences being offered in programs of clinical pastoral education:

It is to be hoped that in the near future some one will develop and implement a research design which will help us to assess the type of group experiences being offered in programs of CPE, for it is my firm conviction that the area of group experience in CPE is greatly in need of exploration and unless we press forward in this area we may indeed become stagnant and hollow. What is needed is open sharing, mutual give-and-take of concerned persons, that all may learn and be enriched.⁴

¹Paul R. Swanson, "Some Effects of CPE on a Group of Theological Students and Pastors" (unpublished Doctor's dissertation, Boston University, 1962), p. 29.

²Seward Hiltner, "Writing and Publication by Clinical Supervisors," Concerns: Clinical and Theological Education (1965 Fall Conference, Institute of Pastoral Care, Inc.), p. 71.

³Ward A. Knights, Jr., "A Gestalt Approach in a Clinical Training Group," Journal of Pastoral Care, 24:193, September, 1970.

⁴Ibid., p. 198.

LIMITATIONS OF THE STUDY

The subject of this research is delimited to the use of non-agenda groups by clinical pastoral education supervisors in the training of students involved in the basic unit of clinical pastoral education.⁵ References to the use of non-agenda groups in other settings will be made only as a means of better understanding the current philosophy and practice of CPE supervisors in their use of such groups.

HYPOTHESES

This study was initiated on the hypothesis that the theoretical base of non-agenda groups being conducted in CPE settings was rather vague and that a wide range of approaches was being used by CPE supervisors in such groups.

It was also hypothesized that many of the supervisors affiliated with CPE were unfortunately limited in knowing what other CPE supervisors were doing in the area of non-agenda groups.

DEFINITION OF TERMS

One has difficulty in fully appreciating what CPE is today without some knowledge of its historical development. It is beyond the scope of this work to reconstruct that history, except to note that on November 17, 1967, the Association for Clinical Pastoral Education was formed through the cooperative efforts of four organizations: The Association of Clinical Pastoral Educators, The Council for Clinical Train-

⁵Clinical pastoral education will hereafter be referred to as CPE.

ing, Inc., The Institute of Pastoral Care, Inc., and The Department of Institutional Chaplaincy and Clinical Pastoral Education of the Lutheran Council in the U.S.A.⁶ Thus, the Association of Clinical Pastoral Education (ACPE) became the one standard-setting, accrediting, certifying resource agency in the field of clinical pastoral education.⁷

Since an understanding of CPE is so pertinent to this study, Appendix A contains a copy of the "Standards and Procedures for Accreditation of CPE Centers, Certification of CPE Supervisors, and Programs of CPE ("A Study Document" by ACPE). The "Standards" provide detailed information on all the programs of CPE, and defines the following four terms: CPE, Basic CPE, CPE Center, and CPE Supervisor.

Clinical Pastoral Education

The essential elements in any program of CPE include the following: a specific time period (unit of training), the

⁶There are various works available which present vivid historical accounts of the personalities, issues and movements behind these organizations, including:

- (1) Clinical Pastoral Training's Contribution to Theology, 1963 Fall Conference, Institute of Pastoral Care, Inc.
- (2) Concerns: Clinical and Theological Education, 1965 Fall Conference, Institute of Pastoral Care, Inc.
- (3) Kenneth Arlyn Nelson, "Richard Clarke Cabot and the Development of Clinical Pastoral Education," (unpublished Doctor's dissertation, The University of Iowa, 1970).
- (4) Kenneth Eugene Reed, "Psychological Testing in Supervision of Clinical Pastoral Training," (unpublished Doctor's dissertation, Boston University, 1965).
- (5) Edward E. Thornton, Professional Education for Ministry: A History of Clinical Pastoral Education (Nashville: Abingdon Press, 1970).

⁷Association of Clinical Pastoral Education will hereafter be referred to as ACPE.

actual practice of ministry to persons, detailed reporting and evaluation of that practice, pastoral supervision, an individualized contract for learning, a theoretical perspective on all elements of the program, a small group of peers in a common learning experience.⁸

The above elements appear in various programmatic forms, determined by three basic factors: (a) the needs of particular students and where they are in their careers of ministry; (b) the resources of the particular CPE center; and (c) the educational goals of the center and its students.⁹ These variables are applied to three different levels of training: Basic, Advanced, and Supervisory.¹⁰

Basic CPE¹¹

Basic CPE is a learning experience in the meaning and dimensions of ministry through critical evaluation of the functions of ministry. This process enables the student to learn about himself, his ministerial role, the persons to whom he ministers, and the context of his ministry.

Basic CPE affords the student an opportunity under pastoral supervision along with fellow students to explore and evaluate: (a) his personal and ministerial identity, (b) his function as a minister, (c) his relationships to other professional disciplines and ability to think theologically about his experience, (d) his ability to communicate his faith meaningfully, (e) his interpersonal relationships and the processes by which he grows, (f) his attitudes, values, and as-

⁸Standards and Procedures for Accreditation of CPE Centers, Certification of CPE Supervisors, and Programs of CPE ("A Study Document" by ACPE, 1970), p. 10 (hereafter referred to as Standards).

⁹Ibid.

¹⁰The 1971 Directory of Accredited Clinical Pastoral Education Centers and Member Seminaries distinguished the type of training available as: CPE I, II, III, IV. The 1972 Directory reflected a change in terminology by designating the levels of training as: Basic, Advanced and Supervisory CPE. CPE I and Basic CPE are synonymous terms, however, Basic CPE will be used throughout this work.

¹¹See Appendix A for complete description of Basic CPE, pp. 149-151.

sumptions about life.¹²

CPE Center

CPE is conducted in such varied settings as (1) state and federal health and welfare institutions, (2) public, and private hospitals and mental health centers, (3) parish churches, and (4) other contexts of ministry where appropriate structures for clinical learning exist.¹³ If the site is to be fully accredited by ACPE, it must comply with the basic requirements set forth in the Standards.¹⁴

CPE Supervisor

CPE supervisors have been defined as "specialists in pastoral care and counseling, and in supervising programs of clinical pastoral education. CPE supervisors are clinical theological educators who provide CPE for theological students, graduate students and parish clergy."¹⁵

After completing his supervisory CPE, functioning for at least one year as an acting supervisor, and conducting one unit of CPE, a candidate may request a review and examination by the ACPE House of Delegates' Certification and Accreditation Committee.¹⁶ If the candidate meets the requirements as defined in the Standards, he will be recommended to the House of Delegates as a CPE supervisor where his candidacy will be voted upon.¹⁷

¹²Standards, op. cit., p. 10.

¹³*Ibid.*, p. 2.

¹⁴See Appendix A, pp. 141-145, for a complete description of CPE Standards for fully-accredited centers.

¹⁵Directory of CPE Supervisors (Association for Clinical Pastoral Education, Inc., 1970-71).

¹⁶See Appendix A, pp. 146-149, for a complete description of the requirements and procedures for becoming a CPE supervisor.

¹⁷Standards, op. cit., p. 9.

Non-Agenda Group

A non-agenda group is a group which functions without a prescribed outline of discussion topics. Discussion topics are primarily generated by the group, and are not superimposed on the group by the leader, although the leader may have general guidelines which he communicates to the group.

One of the requirements of Basic CPE is the student's "participation in a peer group of no fewer than three with opportunity for small group interaction."¹⁸ The CPE supervisor is free to implement his own interpretation of the words "opportunity for small group interaction;" thus, not all CPE centers conduct what has been defined as a non-agenda group.

METHOD OF RESEARCH

Two methods of research are used in the study: (1) literature search, (2) questionnaire.

Literature Search

Material from two sources was utilized. The primary source was relevant CPE conference reports, journal articles, master and doctoral research dealing directly or indirectly with CPE non-agenda groups. A secondary source was the work of various authors from several disciplines which have dealt with non-agenda groups in settings other than CPE.

¹⁸Ibid., p. 11.

Questionnaire

A questionnaire, mailed to 196 CPE supervisors, was the primary research tool of this study. The formation of that instrument involved the following processes:

Questions. Possible questions came from several sources: (a) personal involvement in non-agenda groups, (b) conversations with CPE supervisors, and (c) general reading on the subject.

Pre-test. To help identify the more useful questions, a pre-test for the questionnaire was devised. The pre-test, composed of 45 different questions, was mailed to ten CPE supervisors and one acting supervisor. Eight out of the eleven supervisors responded (72.7 per cent), yielding much valuable information needed in designing the final draft of the questionnaire.

Limitations of the Survey. An examination of the 1971 Directory of Accredited Clinical Pastoral Education Centers and Member Seminaries lists a total of 263 fully accredited CPE centers.¹⁹ It was found that Basic CPE was offered by 196 centers.

The survey was delimited to supervisors offering Basic CPE for the following reasons: (a) The 196 centers offering Basic CPE represented the largest unit for sampling, out of the four levels of training;²⁰ (b) It was decided that more comparability would exist among the

¹⁹1971 Directory of Accredited CPE Centers and Member Seminaries, op. cit., pp. 1-28.

²⁰The four levels of training offered in the 1971 Directory (CPE I, II, III, IV) appeared in a variety of combinations, e.g., some centers offered CPE I, II, III, and IV, while others offered only I and III; I, II, and III; or I and IV, etc. Each level of training was tallied separately after examining the offerings of each of the 263 CPE centers. It was found that CPE I was offered by 196 centers. CPE II by 123 centers; CPE III by 131 centers, and CPE IV by 96 centers.

Basic Units than in Advanced Units since the advanced programs are more individualistically designed to meet the particular needs and vocational goals of the student than is true in Basic CPE. Thus, only supervisors offering Basic CPE were included and only Basic CPE was considered.

Other delimitations of the survey which were observed in order to arrive at the sample size of 196 included:

1. Only CPE supervisors were surveyed. It was felt that CPE supervisors would be more firmly committed to a methodology than would be the case with acting supervisors.
2. Only a full unit of Basic CPE (at least 400 hours of supervised learning) was considered.
3. Only fully accredited CPE centers were considered.
4. Only one supervisor per CPE center was contacted, in each case, the supervisor whose name was listed first in the 1971 CPE Directory received the mailing. It was hypothesized that all supervisors in a single setting would be functioning from a similar or comparable theoretical base.
5. The names of supervisors meeting these criteria were taken from two sources: (a) The 1971 Directory of Accredited Clinical Pastoral Education Centers and Member Seminaries, (b) Directory of CPE Supervisors, 1970-1971.

Description of the Questionnaire.²¹ The questionnaire emphasized that the term "non-agenda group" was used to describe such groups as Interpersonal Relations Groups, T-Groups, and Sensitivity Training Groups. Respondents were instructed that clinical seminars or didactic

²¹See Appendix B for a copy of the questionnaire.

seminars were not to be considered in responding to the questionnaire. Supervisors were asked to fill out the questionnaire in terms of one unit of Basic CPE, preferably their last unit. In answering the questions of a more general nature, they were urged to state their present philosophy and practice of Basic CPE non-agenda groups.

The four page questionnaire consisted of 54 separate questions, in five categories:

1. Group Description. Respondents were asked to describe their non-agenda groups by name, sex, number of group members, and length of the group experience.

2. Group Philosophy and Goals. Respondents were asked to describe their philosophy and goals in terms of whether psychological evaluation was used, who was influential in developing their theoretical base, what therapeutic model was followed, and what they considered to be the chief value of the group experience for both the student and supervisor.

3. Group Leadership. The leadership style of the supervisors was studied by noting the terms used to describe their leadership role (facilitator, leader, trainer, etc.), the use or absence of a contract, whether a co-leader was utilized from his own or another discipline, and whether the sessions were recorded (audio or video).

4. Personal Data. Questions in this section dealt with the supervisor's age, education, and whether he had received special training in conducting non-agenda groups.

5. Further Comments. This section was included in order to gain positive and negative feedback from the supervisors concerning is-

sues not included in the questionnaire and to elicit additional information related to any of the questions.

CHAPTER II

HISTORICAL DEVELOPMENT OF RELATED GROUP MOVEMENTS

Even a quick review of the historical development of CPE reveals the fact that the ACPE is a synthesis of many organizations and methods focused on a basic approach to pastoral education.¹ In one sense, that process of synthesis is not complete.² During the many years of its development, CPE has accepted and rejected many ideas from various sources. Although the exact nature of such development is not easily traced, certain men and their concepts have made lasting contributions to the development of CPE, in both a general sense and in the specific case of CPE non-agenda groups.

McLocklin presents evidence to show that, in spite of its uniqueness, supervision in CPE has been developed by drawing heavily from other fields, including guidance and counseling, psychiatry in medical education, clinical psychology, psychiatry, psychoanalysis, and social work.³

This chapter will set forth some of the more important historical movements and issues surrounding the development and use of non-

¹Edward E. Thornton, Professional Education for Ministry (New York: Abingdon Press, 1970), pp. 237, 238.

²Ibid., p. 15.

³Boyd S. McLocklin, "A Study of the Theory and Practice of Supervision in Clinical Pastoral Education" (unpublished Master's thesis, Southern Baptist Theological Seminary, 1967), pp. 4, 5, 75.

agenda groups in CPE. Group psychotherapy, T-Groups and the laboratory movement, the encounter group movement, small groups in the church and CPE non-agenda groups will be viewed in the larger context of what may be termed the small group movement. An exhaustive study of the small group movement and the specific terms germane to that movement is not the purpose of this chapter. A brief discussion of such will be included to help provide a broader perspective and deeper understanding of present theoretical bases and uses of non-agenda groups in CPE.

GROUP PSYCHOTHERAPY

Gazda has observed the difficulty of determining the actual beginning of group psychotherapy. Apparently, there are authorities in the field who believe that forms of such therapy have existed since the beginning of a recorded history.⁴ Some point to the work of Pratt in 1905, when he first introduced the "class method" to a group of patients suffering from pulmonary tuberculosis.⁵ Others would contend that group psychotherapy was not practiced by anyone before 1930. Gazda maintains that such disagreement stems from the difficult task of defining group psychotherapy.⁶ The reason for such difficulty might be explained in light of the following data.

According to Harper, the more psychoanalytically oriented type

⁴George M. Gazda (ed.), Basic Approaches to Group Psychotherapy and Group Counseling (Springfield: Charles C. Thomas Press, 1970), pp. 3, 4.

⁵Robert A. Harper, Psychoanalysis and Psychotherapy (Englewood Cliffs, N.J.: Prentice-Hall, 1963), p. 129.

⁶Gazda, op. cit., p. 4. (Group psychotherapy and group therapy are generally used synonymously in current literature. Group therapy has apparently become the colloquial version of group psychotherapy.)

of group therapy began about 1930, grew fairly rapidly during the late thirties, and along with many other group therapy orientations, mushroomed during and following World War II. Practically every type of individual therapy system had some of its followers turn their attention to psychotherapeutic work with groups. The result was the development of many varieties of group therapy.⁷

Another possible factor in the difficult task of defining group psychotherapy involves a problem of research within the discipline itself. In 1965, Pattison indicated that during the previous ten years, six major volumes reviewing psychotherapy had appeared on the market, yet the reviews were concerned almost wholly with studies of individual psychotherapy. He also thought it was noteworthy that in those six volumes, less than half a dozen references were made to studies of group psychotherapy. On the basis of such findings, he concluded that evaluative studies of group psychotherapy had lagged behind studies of individual psychotherapy.⁸ He also said:

Research on psychotherapy has been vexingly difficult and has fallen disappointingly short of penetrating to the core of the therapeutic enterprise. This seems even more true of research on group psychotherapy, which involves a necessary distinction between group process and therapeutic process, between the effect of the therapist and that of the group, and between the outcome of the group and that of the person.⁹

Numerous efforts have been made to properly define group psychotherapy. Moreno describes it as having three sources of derivation:

⁷Harper, loc. cit.

⁸Mansell Pattison, "Evaluation Studies of Group Psychotherapy," International Journal of Group Psychotherapy, 15:382, 392, 1965.

⁹Ibid., p. 382.

(1) medicine, (2) sociology, and (3) religion.¹⁰ Corsini offered the following definition of group psychotherapy:

Group psychotherapy consists of processes occurring in formally organized, protected groups and calculated to attain rapid ameliorations in personality and behavior of individual members through specified and controlled group interactions.¹¹

He also described group psychotherapy as "a conglomerate of methods and theories having diverse multiple origins in the past, resulting inevitably from social demands, and developed in various forms by many people."¹²

In tracing the heritage of group psychotherapy, Gazda discusses various men who have made significant contributions to the field.¹³ Even a quick review of those contributors, their diverse methodologies and definitions, helps one to better understand the broad base of group psychotherapy. Such an understanding is necessary when comparing group therapy with other group movements, e.g. sensitivity training, or CPE non-agenda groups. Without such comprehension, problems of interpretation arise in the wording of some definitions and a blurring distinction occurs among the various group movements.¹⁴

¹⁰Gazda, op. cit., pp. 27-31.

¹¹Raymond J. Corsini, Methods of Group Psychotherapy (New York: McGraw-Hill Book Company, Inc., 1957), p. 5.

¹²Ibid., p. 9.

¹³Gazda, op. cit., pp. 6-11.

¹⁴It should be noted that groups like the American Psychiatric Association have made recent efforts to clear up distinctions between group therapy and sensitivity training; however, a communication problem on this issue still exists in many circles. (See American Journal of Psychiatry, 126:91-145, December, 1969.)

T-GROUPS AND THE LABORATORY MOVEMENT

In the summer of 1946, Lewin, Bradford, Lippitt, and Benne undertook a project to train a group of community leaders to deal with interracial problems. The leaders also planned to use the workshop (or laboratory) as a means of studying methods of group discussion as an educational procedure.¹⁵ The T-Group (or training group) was born during that summer project, almost by accident. Small groups of ten had been organized in the workshop to focus on problems the members were facing back home. Each group had an assigned research observer who reported to the staff in the evening. The participants petitioned to be allowed to attend staff meetings, which was granted. Bradford notes: "I remember very vividly the tremendous electric charge that took place as people reacted to data about their own behavior."¹⁶ The staff immediately recognized the potential for group self-evaluation as a means of teaching the development of effective democratic group process that could be applied to community group action.¹⁷ On the basis of that first workshop, future summer groups were organized for the Gould Academy in Bethel, Maine. Bethel soon became the symbol of a movement.¹⁸ An organization was formed, the National Training Laboratories (NTL).

Gottschalk and Pattison observe that between 1949 and 1955 a

¹⁵Louis A. Gottschalk and Mansell Pattison, "Psychiatric Perspectives on T-Groups and the Laboratory Movement: An Overview," The American Journal of Psychiatry, 126:92, December, 1969.

¹⁶L.P. Bradford, J.R. Gibb, and K.D. Benne (ed's.), T-Group Theory and Laboratory Method: An Innovation in Re-education (New York: Wiley, 1964), p. 82.

¹⁷Louis A. Gottschalk and Mansell Pattison, op. cit.

¹⁸Ibid.

variety of experiments with different methods of refining the laboratory group method were conducted each summer at Bethel. Rogers described those groups as follows:

The groups initially fitted the T-group description of their name. They were training groups in human relations skills in which individuals were taught to observe the nature of their interactions with others and of the group process. From this, it was felt, they would be better able to understand their own way of functioning in a group and on the job, and the impact they had on others, and would become more competent in dealing with difficult interpersonal situations.¹⁹

According to Gottschalk and Pattison, the training laboratory movement has developed in such diverse directions since 1955 that it is difficult to trace a single path. It seems that training laboratories were established in other parts of the United States, often with great autonomy from the parent organization. That autonomy resulted in submovements that had disparate goals and methods so that in recent years the movement has become multipurpose and multimethod.²⁰ One finds evidence of the movement's influence in such varied settings as social action, education, business, and religion.

A review of the literature published by NTL reveals a shift in emphasis; i.e., in the 1940's the movement expressed primary concern over better understanding group process and task-oriented group function; in the 1950's the concern shifted to individual growth, to self-knowledge, to actualization and maturation. It was a shift in emphasis from an educative to a therapeutic goal. From the mid-1960's on, there appears to have been renewed interest in the original aims of the movement.²¹

¹⁹Carl Rogers, On Encounter Groups (New York: Harper and Row, 1970), p. 3.

²⁰*Ibid.*, p. 93.

²¹*Ibid.*, pp. 93, 94.

THE ENCOUNTER GROUP MOVEMENT

In comparison to the shift of emphasis noted in NTL, the work of Rogers at the University of Chicago in 1946-1947 is noted. He and his staff developed what he terms "an intensive group experience" for the purpose of training personal counselors for the Veterans Administration. He sought to bring together experiential and cognitive learning in a process which had therapeutic value for the individual:

The Chicago groups were oriented primarily toward personal growth and the development and improvement of interpersonal communication and relationships, rather than having these as secondary aims. They also had more of an experiential and therapeutic orientation than the groups originating in Bethel. Over the years this orientation toward personal and therapeutic growth has become merged with the focus of training in human relations skills, and the two combined form the core of the trend which is spreading so rapidly throughout the country today.²²

The type of groups described by Rogers is known by many different names. T-group, encounter group, and sensitivity training are among the more common names employed. Attempts have been made to systematize the long list of names found in the literature into several basic groupings.²³ The weakness of such an approach is found in two areas: (1) such an attempt may result in only a sampling of the terms found in the literature, (2) such a listing cannot hope to be exhaustive or to remain current since new forms are being invented daily.²⁴

"Growth centers" are found throughout the United States with such

²²Rogers, op. cit., p. 4.

²³Carl Goldberg, "Group Sensitivity Training," International Journal of Psychiatry, 9:173-189, 1970-71.

²⁴Morris B. Parloff, "Sheltered Workshops for the Alienated," International Journal of Psychiatry, 9:199, 1970-71.

names as Esalen and Kairos (California), Oasis (Chicago), and Aureon (New York). They are loosely organized into what has been termed the Human Potentialities Movement.²⁵ Leslie estimates that between sixty and seventy centers for encounter groups (or human potentiality or sensitivity training groups) exist in the United States.²⁶ Using a slightly broader definition, Clinebell indicates that there are over 100 such centers.²⁷

Rogers has described such groups as "the most rapidly spreading social invention of the century, and probably the most potent."²⁸ Oden admits their rapid spread, but doubts they are an invention of this century. He refers to the encounter group movement as "the new pietism," which he describes as a demythologized and secularized form of interpersonal encounter and community familiar to historians of Protestant pietism (and also of the Jewish hasidic movement which was parallel to it).²⁹ According to Oden, the limited attempts to account historically for the encounter group movement and group psychotherapy make no attempt to reach back more than a hundred years, and most of them go back only fifty years or less. He raises the question as to why most proponents of these movements have not mentioned or even recognized their pietistic

²⁵It has also been termed the "Encounter Culture," and the "Encounter Group Movement."

²⁶Robert C. Leslie, Sharing Groups in the Church (New York: Abingdon, 1971), pp. 18, 19.

²⁷Howard Clinebell, Jr., The People Dynamic (New York: Harper & Row, 1972), pp. 3, 4, 10.

²⁸Rogers, op. cit., p. 1.

²⁹Thomas Oden, The Intensive Group Experience (Philadelphia: Westminster Press, 1972), pp. 12, 13.

origins.

Quite simply, the tradition of emotive and quasifanatical pietism has long been out of favor with the socially mobile intelligentsia and cultural avante-garde who form the clientele of the encounter culture. In fact, the pietistic tradition is radically out of favor today with almost everyone, including not only the universities and the historians but also the seminaries, and even the churches and synagogues that pietism has spawned. Pietistic words such as "revival" and "religion of the heart" and "conversion" and "testimony" are repulsive to self-consciously modern men. The irony, of course, is that although the words are no longer acceptable, all the meanings that those words freighted have been taken right back into the heart of the encounter culture.³⁰

While the encounter group movement has wide influence, the movement is presently the center of much controversy. Oden observes that critics of the encounter culture include a curious conglomeration of (1) right-wing political activists who are fighting "sex education in the schools, fluoride in the water and sensitivity training;" (2) some psychotherapeutic professionals who see encounter groups as threatening loss of professional control over accreditation for therapeutic services; (3) Christian fundamentalists who are alarmed at the trend toward the new morality, sexual license and touch therapy; (4) some of the older exponents of group dynamics who fear fanaticism, eclecticism and extravagance in the ranks; (5) high school administrators who are worried about teachers experimenting with encounter groups in the public schools; and (6) certain religious educators who are perturbed over the anti-intellectualism frequently to be found in group religious experiencing.³¹ It is not the purpose of this work to examine in depth the controversies surrounding the encounter group movement, but the fact that the controver-

³⁰Ibid., pp. 66, 67.

³¹Thomas C. Oden, "Inconsistencies and Miscalculations of the Encounter Culture," Christian Century, 89:85, January 26, 1972.

sy needs to be recognized. Several major works have dealt with the controversy, including those mentioned below.

Oden's book, The Intensive Group Experience, is perhaps the most provocative critique and evaluation of the subject to date.³² It is the only book now available to provide both a historical and a theological analysis of the movement. While remaining appreciative of the movement's basic intent, Oden points out its temptations to antinomianism, anti-intellectualism, over-simplification of the human quandry and its introversion.

The International Journal of Group Psychotherapy (October, 1967) published a symposium dealing with the distinctions between T-groups and group therapy.³³ The American Journal of Psychiatry (December, 1969) published a symposium on the subject which included nine articles. The articles dealt with such topics as the historical development of the movement, specific problems of using sensitivity training in the training of medical students, experiential and didactic aspects of training, and the need for guidelines within the movement.³⁴

³²Oden, The Intensive Group Experience, op. cit., p. 11.

³³H.B. Peck (ed.), "Symposium on Approaches to Training Through the Small Group," International Journal of Group Psychotherapy, 17:419-425, 1967.

³⁴Louis A. Gottschalk and E. Mansell Pattison, "Psychiatric Perspectives on T-Groups and the Laboratory Movement: An Overview," The American Journal of Psychiatry, 126:91-107, December, 1969; John L. Kuehn and Francis M. Crinella, "Sensitivity Training: Interpersonal 'Overkill' and Other Problems," 108-113; Milton M. Berger, "Experiential and Didactic Aspects of Training in Therapeutic Group Approaches," 113-118; Irving L. Berger, "Resistances to the Learning Process in Group Dynamics Programs," 118-125; P. Hanson, P. Rothaus, W. O'Connell, and G. Wiggins, "Training Patients for Effective Participation in Back-Home Groups," 125-130; J. Cadden, F. Flach, S. Blakeslee, and R. Charlton, Jr., "Growth in Medical Students Through Group Process," 130-136; Ralph Crawshaw, "How Sensitive is Sensitivity Training?" 136-141; Joseph English, "Sensitivity Training: Promise

Goldberg's book on the subject became the object of much controversy in 1970.³⁵ The International Journal of Psychiatry (1970-1971) published a condensation of his work, and five critical evaluations by authorities in the field, plus Goldberg's reply to them.³⁶ Their major criticisms of Goldberg's article and the encounter group movement in general will be stated briefly.

Mill sees Goldberg as being overly inclusive in what may be properly termed "group sensitivity training." According to Mill, one should always be able to find the following two elements in group sensitivity training: (1) the unstructured group as a means of increasing awareness and enhancing interpersonal competence and (2) a training methodology that relies upon immediate behavior (the here and now) as the data for learning.³⁷

Parloff expresses his surprise and disappointment that Goldberg fails to deal directly with the controversy surrounding the movement. Parloff states part of the controversy in the following terms: "Leaders must also be willing to accept the assumption that not everyone is benefited by the opportunity to 'let it all hang out.' Some may, indeed, need help 'tucking it all in.'" ³⁸ He also points out the need for some

and Performance," 142-144; Kenneth N. Bredesen, "Small Group Work - The Need for Some Guidelines," 144-145.

³⁵Carl Goldberg, Encounter: Group Sensitivity Training Experience (New York: Science House, 1970).

³⁶Carl Goldberg, "Group Sensitivity Training," International Journal of Psychiatry, 9:165-232, 1970-1971.

³⁷Cyril R. Mill, "A New Technology," International Journal of Psychiatry, 9:194, 1970-1971.

³⁸Morris B. Parloff, "Sheltered Workshops for the Alienated," International Journal of Psychiatry, 9:198, 203, 1970-1971.

type of screening device which would discourage the seriously emotionally disturbed individuals from enrolling in such groups. Parloff also recommends the screening of group leaders:

At present the training of group leaders is highly variable and those identified as leaders include both skilled professionals and rank novices. In the absence of any professional society of sensitivity group practitioners there is as yet no clear mechanism for determining minimal standards of training or enforcing adherence to ethical practices. Increasingly there is evidence that the field has attracted the sociopath who views himself as the James Bond of the encounter group: he believes that he is sufficiently armed if he has a repertoire of gimmicks and a license to thrill.³⁹

Schwartz's primary criticism of the movement is its emphasis on an high-pitched emotional experience for a weekend which is turned off as the members go their individual ways never to follow-up, never again to pursue the investment made in each other. He says that such is "essentially experience for the sake of experience."⁴⁰ Schwartz also criticizes the movement for its general acceptance of deviant behavior and indiscriminate grouping. On the latter point, he reiterates Parloff's criticism of the movement that persons seriously in need of treatment may be supported in postponing it, feeling that they can get help without the intermediation of a professional.⁴¹

Stone offers his criticisms of the movement by comparing it to certain developments within psychotherapy and psychoanalysis. It seems that certain models of psychoanalytic therapy have led to an emphasis on abreaction and catharsis. Some psychoanalysts cling to the conviction

³⁹Ibid., p. 204.

⁴⁰Emanuel Schwartz, "The Trend To Grouping," International Journal of Psychiatry, 9:208, 1970-1971.

⁴¹Ibid.

that a discharge of affect is sufficient for cure or change. Stone says that various theoretical advances in psychoanalysis have convinced him that catharsis is little more than a passing phenomenon unless it is accompanied by a new relationship and new ego interest, or the capacity for a new relationship. "Without the achievement of this new relationship, the inertia of the past will quickly overcome the fragile gains."⁴² Stone interprets the change which takes place, i.e. through some of the Esalen techniques, as an exorcism of the superego. He believes that many of the sanctions which modern society has deemed essential to a civilized community are assaulted using the power of the group in an effort to attain intimacy.⁴³

It is interesting to contrast various explanations of the movement with that of Goldberg who states that the wish for self-help and a rejection of the traditional motivate many to grouping activity. Schwartz indicates that much of the current emphasis upon grouping is the result of anti-rational trends in our culture. He thinks psychotherapy has been rejected in part because it attempts to provide a rational explanation for human behavior and to foster rational alternatives.⁴⁴ Stone says that an anti-intellectual current may be promoted when group members are encouraged to say what they feel. Such encouragement to spontaneity may attack repression and suppression to the point that feelings are exalted above reason.⁴⁵ Parloff believes that the groups emerge out

⁴²Alan Stone, "The Quest of the Counterculture," International Journal of Psychiatry, 9:222, 1970-1971.

⁴³Ibid., pp. 223-224.

⁴⁴Schwartz, op. cit., p. 209.

⁴⁵Stone, op. cit., p. 224.

of an existentialist-humanist philosophy which claims to have a higher and better morality; i.e., its openness, honesty, and love for the essential humanity of each individual, which is viewed in contrast to the impersonal, cold and duplicitous behavior of the outside world.⁴⁶ Steele criticizes Goldberg's paper by noting there are many forms and varieties of group training. He says to ask "whether T-Groups work" is too simplistic and needs to be supplanted by research on various designs, inputs, populations and combinations of these which lead to different specified outcomes.⁴⁷

The critiques of Kuhn, Oden, and Crabb are mentioned here as examples of articles written from the Christian perspective which deal with some of the major theological issues found in the encounter group movement controversy. Kuhn criticizes the movement on the following grounds: (1) it is totally earth-bound and concerned exclusively with the here and now; (2) it incorporates the worse features of romanticism, with its rejection of parental and societal values; and (3) it incorporates the error that human nature can heal its own maladies. It assumes that all the disturbed need is an opening of the doors to the inner self.⁴⁸

Oden's critique covers such areas as anti-intellectualism within the movement, sexual permissiveness, influence of the drug culture, nudity as a strategy for personal growth, hidden ethical judgments absolutized within the movement, and the tendency of the movement to exag-

⁴⁶Parloff, op. cit., p. 200.

⁴⁷Fred I. Steele, "The Socket-Wrench Sage," International Journal of Psychiatry, 9:213, 1970-1971.

⁴⁸Harold B. Kuhn, "Sensitivity Training: Touch and Grow?" Christianity Today, 15:62, November, 1970.

gerate its own importance. Oden concludes the article by noting the movement's probing concern to grasp the dynamics of human estrangement, but then adds:

But at the ideological level it forbids its clients to entertain the awareness that man might be subject to inescapable limitations; that he might really be prone to sin and that continually, might have a flawed will which will not be overcome through technology or new social inventions; that what is yet to come in world history might be even more horrifying than anything that happened in the past (which encounterists so self-righteously decry and are so happy to have 'transcended'); that misery is as much a part of human growth as joy and ecstasy; and that suffering may have a decisive role to play in the continuing evolution of man.⁴⁹

Crabb states that the behavior of some individuals who participate in encounter groups warrents the diagnosis of "Group Addiction." When one group ends, these people begin a frantic search for another. Without their weekly group 'fix' they feel scared, defenseless, unable to face their daily responsibilities.⁵⁰ According to Crabb, the encounter group movement has its strongest philosophical underpinnings in humanism; thus, problems with individuals and with society are traced not to a basic flaw in man but to the denial, distortion, or inhibition of what is truly human. Crabb observes that the teaching of Scripture is perfectly consistent with the idea promoted in such groups which says: do not deny anything that is true about yourself. The question confronting the Christian is what to do with these newly admitted truths about himself. Crabb offers three possibilities: First, stick your head in the sand, denying reality; second, do your own thing, express what you are feel-

⁴⁹Oden, "Inconsistencies and Miscalculations of the Encounter Culture," op. cit., p. 88.

⁵⁰Lawrence J. Crabb, "A Christian Perspective on Encounter Groups," Christianity Today, 16:13, March, 1972.

ing; and third, be fully aware of your inner feelings, but by an act of choice, conform to the limits within which scriptural morality permits expression.⁵¹

The diversity of opinion expressed in the literature clarifies the fact that the encounter group movement is a major social phenomenon. Many issues are still unresolved; blurry distinctions continue between definitions and disciplines and between obvious assets and liabilities.⁵²

SMALL GROUPS IN THE CHURCH

Church historians have stated that the training of small groups has been a part of every major surge of spiritual vitality in the Church. It has been observed that early Christianity grew through the spread of its network of new and tough groups.⁵³ The recurrence of small groups in the history of the Church has been adequately traced elsewhere.⁵⁴ A discussion of those groups is not necessary for the purpose of this chapter. Leslie mentions a few of the prominent points at which small groups have played a vital role in church history: Christ and his disciples, the apostolic church, Montanism, monasticism, the Waldenses,

⁵¹Ibid., pp. 13, 14.

⁵²The following two articles represent rather comprehensive reviews of the literature on the subject up to 1967. Harold B. Gerard and Norman Miller, "Group Dynamics," Annual Review of Psychology, 18:287-332, 1967. Robert J. House, "T-Group Education and Leadership Effectiveness: A Review of the Empiric Literature and a Critical Evaluation," Personnel Psychology, 20:1-32, 1967.

⁵³Howard J. Clinebell, Jr., Mental Health Through Christian Community (Nashville: Abingdon Press, 1965), pp. 151-152.

⁵⁴Robert C. Leslie, "Group Therapy as a Method for Church Work," (unpublished doctor's dissertation, Boston University, 1948), pp. 46-122.

the Franciscans, the Friends of God, the Brethern of the Common Life, German pietism, the Anabaptists, the Society of Friends, the Wesleyan revival, the Great Awakening, the Iona Community, the Emmanuel Movement, and the Oxford Group Movement.⁵⁵

In recent years, new emphasis has been placed on the use of small groups in the Church. The development of that emphasis within the Church has been discussed by Reid,⁵⁶ and Ramsden,⁵⁷ among others and will be presented under the headings "Pastoral Psychology of Groups," and "Spiritual Growth Groups." The first category of literature is more theoretical than the second.

Pastoral Psychology of Groups

Ramsden describes Leslie as the most prolific writer in the field.⁵⁸ He refers to the major works of Leslie and cites three implications:

First, the Church has a long history of concern for groups and of recognition of the values in group life. Second, ministers can learn from group therapy and thus perform their own work with groups in a better way. Third, the therapeutic approach to groups has a vital place in the Church's life. This approach may be utilized directly in therapy groups in the church, or it may be utilized indirectly by the application of its principles in work with the other regular groups of the church.⁵⁹

The major articles and dissertations published before 1959 are

⁵⁵Ibid., pp. 54-89, 92, 102.

⁵⁶Clyde Henderson Reid, "Two-Way Communication Through Small Groups in Relation to Preaching," (unpublished doctor's dissertation, Boston University, 1960), pp. 55-71.

⁵⁷William E. Ramsden, "The Processes and Effects of a Training Group in Clinical Pastoral Education," (unpublished doctor's dissertation, Boston University, 1960), pp. 13-37.

⁵⁸Ibid., pp. 13, 14.

⁵⁹Ibid., p. 14.

discussed in Ramsden's research. He notes the works of ten professional churchmen and three professional therapists covering such topics as group process, methods, leader's role, contract, stages of growth, therapeutic function and orientation of such groups, the use of group psychotherapy in the church setting, a group-centered approach, methods and meanings of group work in worship, emotional expression in groups, and characteristics of group leadership.⁶⁰

Since 1960, several major works have been added to the literature.⁶¹

⁶⁰It is interesting to note that seven of the authors discussed in this section have been intimately involved in CPE, six as supervisors.

⁶¹Kenneth E. Johnson, "Personal Religious Growth Through Small Group Participation," (unpublished Doctor's dissertation, Pacific School of Religion, 1963); Joseph W. Knowles, Group Counseling (Philadelphia: Fortress Press, 1964); Robert C. Leslie, ed., "Small Groups in the Church," Pastoral Psychology, 15:5-66, June, 1964; Philip A. Anderson, Church Meetings That Matter (Philadelphia: United Church Press, 1965); Howard J. Clinebell, Jr., Mental Health Through Christian Community (Nashville: Abingdon Press, 1965); William W. Meissner, Group Dynamics in the Religious Life (Notre Dame, Indiana: University of Notre Dame Press, 1965); Charles E. Link, "Group Dynamics and the Church Board," (unpublished Doctor's thesis, School of Theology at Claremont, 1966); Clyde H. Reid, ed., "Ministry Through Small Groups," Pastoral Psychology, 18:5-66, March, 1967; Donald William Anderson, "Group Leadership Theory in Psychoanalytic, N.T.L. and Church Literature," (unpublished Doctoral dissertation, Boston University School of Theology, 1968); Clyde H. Reid, Groups Alive - Church Alive (New York: Harper and Row, 1969); Keith Thomas Berry, "Leadership Differentiation in Selected Church Groups," (unpublished Doctor's dissertation, Boston University School of Theology, 1969); Haddon E. Klingberg, Jr., "An Evaluation of Sensitivity Training Effects on Self-actualization, Purpose in Life, and Religious Attitudes of Theological Students," (unpublished Doctor's dissertation, Fuller Theological Seminary Graduate School of Psychology, 1971); C. Gratton Kemp, Small Groups and Self-Renewal (New York: Seabury Press, 1971); Dietrich Stollberg, Seelsorge durch de Gruppe (Goettingen: Vandenhoeck and Ruprecht, 1971); Robert C. Leslie, Sharing Groups in the Church (Nashville: Abingdon Press, 1971); Howard J. Clinebell, Jr., The People Dynamic, op. cit.; Thomas C. Oden, The Intensive Group Experience, op. cit.

Many of the same topics and controversies of the 1950's also appear in this literature. New problems arose as new ideas and methods were attempted; yet, success is still a popular theme. The theoretical base has apparently been broadened. A more urgent plea than ever for qualified group leaders is found in the literature.

Spiritual Growth Groups

Many of the authors cited above include sections on groups which may be called "spiritual growth groups."⁶² It has been pointed out that many of the religiously oriented small groups are not really a part of any local church structure, yet their impact is so great that they are changing the character of church life. They are all small in size, intimate in nature, and foster a deep religious concern.⁶³

Not unlike the small groups which characterized other eras in the history of Christianity, spiritual growth groups continue to show sincere appreciation for the centrality of Bible study and personal sharing. Leslie compares them to groups like the Methodist class meetings, and to the even more intimate sharing groups of early Methodism, the "bands."⁶⁴

Various organizations throughout the United States are noted for their emphasis on spiritual growth groups. In some cases, the leaders (or representatives) of such groups travel from city to city establish-

⁶²Several names are common to this type group. The one used in this paper is only for convenience. Leslie calls such groups "Sharing Groups." The primary rubric used by Clinebell in his discussion of groups is "Growth Groups," however, when referring to groups like these described in this section he usually terms them "Spiritual Growth Groups."

⁶³Leslie, op. cit., p. 17.

⁶⁴Ibid., pp. 200-206.

ing new groups and/or maintaining contact with those previously organized. In some cases, regional renewal conferences are held annually. Some of the better known organizations are Yokefellows (Richmond, Indiana); Yokefellows, Inc. (Burlingame, California); Faith at Work (New York); Christian Outreach (Huntington Valley, Pennsylvania); Lay Renewal Foundation (Atlanta, Georgia); House Fellowships (Elkhart, Indiana); and Brave Christians Program (Atlanta, Georgia); and Camps Farthest Out (St. Paul, Minnesota). Many publications dealing with spiritual growth groups are available.⁶⁵

CPE NON-AGENDA GROUPS

According to Klink, the earliest efforts at Clinical training paid scant attention to the functional importance of group interaction among student peers in the training center. The early focus of such training was on the relation of student to patient or inmate, and later drawing heavily from the model of psychotherapy, on the relation of student to supervisor.

There were of course student groups, and they met, talked, argued, took action, and sometimes prayed together; but there was no widespread effort to exploit the group interaction itself as a unique element in the learning pro-

⁶⁵A partial list of the more renown publications in this field include: John L. Casteel, Spiritual Renewal Through Personal Groups (New York: Association Press, 1957); Rosalind Rinker, Prayer - Conversing With God (Grand Rapids: Zondervan, 1959); Robert A. Raines, New Life in the Church (New York: Harper and Row, 1961); Lyman Coleman, Growth by Groups (Huntingdon Valley: Christian Outreach, 1965); John L. Casteel, The Creative Role of Interpersonal Groups in the Church Today (New York: Association Press, 1968); Lyman Coleman, Groups in Action (Huntingdon Valley: Christian Outreach, 1968); Bruce Larson, et al., Groups That Work (Grand Rapids: Zondervan, 1968); Walter Albritton, Koinonia Ministries Guidebook (Nashville: Tidings Press, 1969); Danny E. Morris, A Life That Really Matters (Atlanta: Spiritual Life Publishers, 1969).

cess.⁶⁶

In the absence of historical studies of such events, it is difficult to determine when the educational value of group interaction was first recognized in clinical training. Klink recalls some of the significant events surrounding that recognition:

The evolution of more adequate theories of group process, the explosion of group therapy during World War II, and the development of psychodrama in some centers all helped to effect a change. Widespread awareness of the potential of group interaction in clinical training was stimulated by Leslie in reports of his work with theological students in the Boston area using group methods. Following these publications, group processes hitherto littlenoticed, began to be observed and the method was consciously exploited. Once the door had been opened, a variety of developments carried the movement in different directions, though these were comparable to the initial work. This methodological revolution largely reflected the discovery that group methods were an effective means of eliciting and reinforcing educational change.⁶⁷

In 1946, members of the staff at Boston State Hospital pioneered in the use of group experiences for the therapy of patients. Howard reported that it soon became evident that leaders of these groups needed a first-hand experience of group life themselves if they were to function effectively.⁶⁸

Hyde and Leslie began offering formal group training for ministerial students at approximately the same time. They were apparently

⁶⁶Thomas W. Klink, "Supervision," Education for Ministry, Charles R. Fielding, et al. (Dayton, Ohio: American Association of Theological Schools, 1966), p. 180.

⁶⁷Ibid.

⁶⁸Judson D. Howard, "Interpersonal Group Seminars: A Training Method in the Pastoral Care of Groups," Journal of Pastoral Care, 14: 160, Fall, 1960.

the first to offer such.⁶⁹ In 1952, they reported on five year's experience with their course on group therapy for theological students, under the auspices of Boston University at the Boston Psychopathic Hospital.⁷⁰ While the course included other group experiences, such as working with groups of patients upon the ward and hospital staff groups, the nuclear experience of the course was the opportunity to meet daily in a group designed especially for the students. The size of the group was limited to ten persons. Leslie (chaplain) and Hyde (psychiatrist) served as leaders of the group which met for thirty sessions. The group was described as a dynamic group therapy course where the student participated in an accelerated process of understanding himself and others. Into the group he brought his problems, those dealing with how he has related himself to individual patients, and to outside church groups. He aired the unpleasant reactions that those experiences had aroused in him. The group was permissive to the extent that it considered any problem which deeply concerns the student.⁷¹ Problems of a deeply personal nature, aroused by close contacts with patients on the wards and with the staff personnel, which are at first avoided, come out in the open as feelings of trust and mutual understanding develop. It is here that one of the basic advantages of group therapy is evident, for each person learns that he is not alone in his problems.

⁶⁹William E. Ramsden, "The Processes and Effects of a Training Group in Clinical Pastoral Education," (unpublished Doctor's dissertation, Boston University, 1960), p. 7.

⁷⁰Robert W. Hyde, and Robert C. Leslie, "Introduction to Group Therapy for Graduate Theological Students," Journal of Pastoral Care, 6:19-27, Summer, 1952.

⁷¹Ibid., p. 21.

The solitary guilt from which he has suffered is shared and alleviated when he learns from others that they have encountered similar difficulties. With this relief comes strength to study the genesis of the difficulty, to understand what it really means and how it developed, and with this understanding comes the ability to attempt more appropriate methods of interpersonal relations and when they succeed, to gain strength and courage to change.⁷²

The implicit thesis of Hyde and Leslie's report was that bilateral benefit was achieved when ministers came in close contact with the psychiatric thought and experience in mental hospitals. The following statements suggest some of the benefits of the course:

Any increase in the understanding of persons is directly applicable to the work of the minister, involved as it is with broad aspects of interpersonal relationships.

The methods of observing and evaluating group processes learned in the course are directly applicable to the ministers investigations of his own church groups, which present an almost unlimited opportunity and need for research.⁷³

Hyde and Leslie's work did not go unnoticed. In the years that followed other researchers looked to their work for guidelines. Leslie continued applying his previous training in group therapy to CPE groups.⁷⁴ Other supervisors began doing the same and gradually the practice of including non-agenda groups in the training programs became a common practice.

⁷²Ibid., p. 22.

⁷³Ibid., pp. 19, 25.

⁷⁴It should be noted that Leslie studied group therapy under Joseph H. Pratt, Samuel B. Hadden, and J.L. Moreno. During his graduate days, Leslie was introduced to the field of group dynamics by Ronald Lippitt. It seems highly probable that he drew from these disciplines in developing his approach to CPE non-agenda groups.

While reports on CPE non-agenda groups are found throughout CPE literature, formal research on the subject is sparse. Issues germane to the historical development of CPE non-agenda groups will be discussed in the following chapter.

CHAPTER III

A SURVEY OF LITERATURE ON CPE NON-AGENDA GROUPS

There has been a steady increase in the number of publications and research projects dealing with CPE. Evidence of that increase is found by noting the accumulation of doctoral dissertations in the field.¹

This chapter will examine only those studies of CPE which are related directly to CPE non-agenda groups. Since few studies have dealt exclusively with non-agenda groups, related studies have been considered in this chapter because of their significant contribution to the subject.

The literature of CPE is sometimes indefinite on the subject of groups with no clear line of distinction being made between those groups with a didactic emphasis, as compared to those groups stressing the interpersonal and group process. No doubt this is true for a number of reasons, including the fact that some supervisors prefer to conduct their groups without such distinctions. The word "group" is also used in the literature in referring to the CPE experience. In light of the small number of students involved in a basic unit of training, usually six students assigned to one supervisor, Oates suggests that CPE may be considered a "group movement" in itself.²

¹See Appendix C for a chronological bibliography of doctoral dissertations concerned with CPE.

²Statement by Wayne Oates, personal interview, March 3, 1971.

"CPE non-agenda groups" is a title used in this research to describe a variety of groups which appear under numerous names in CPE literature.³ The literature surveyed in this chapter will be grouped in three sections: (1) unpublished dissertations, (2) published proceedings, and (3) journal articles. Material in each section will be presented chronologically.

UNPUBLISHED DISSERTATIONS

The work of Hyde and Leslie became the basis of Boyd's dissertation.⁴ Boyd studied one group of students enrolled in a course on group therapy. Boyd's hypothesis was that theological students and ministers who receive the psychological training and psychotherapy offered in the course of group therapy measurably improve in their interpersonal relationships and self-understanding.⁵ He made use of various psychological instruments in his research, including the Rorschach Test and the Authoritarian Personality Social Attitude Battery, which were given before and after the program. He also used a specially structured role perception interview with the students before and after the Hyde Interpersonal Relations Test, a sociometric analysis, a final interview, a clinical evaluation, plus a content analysis on the material provided by the group sessions.

³See definition of non-agenda groups in Chapter I, p. 7.

⁴Richard W. Boyd, "The Use of Group Psychotherapy in the Professional Training of Ministers" (unpublished Doctor's dissertation, Boston University, 1952), cited by Ramsden, *op. cit.*, p. 28.

⁵Kenneth E. Reed, "Psychological Testing in Supervision of Clinical Pastoral Training" (unpublished Doctor's dissertation, Boston University, 1963), pp. 8, 9, citing Boyd, *op. cit.*

Four stages of group life were hypothesized and substantiated in Boyd's work through the use of Boles' interaction process analysis, and by the content analysis.

The first stage was "transference," in which the building of relationships and the development of a therapeutic orientation occurred. The record stage was "catharsis," in which the members' unresolved feelings were returned to and released. "Gaining of insight," the third stage, centered on open expression of behavioral patterns and therapeutic interpretations of those patterns by members and leader alike. The application of these insights and trying out the new understandings in the group made up the fourth stage of "reality testing."⁶

The most significant research supported study of a single CPE non-agenda group available is that of Ramsden.⁷ He felt that if ministers were to improve their pastoral care of groups they needed training in group process.⁸ His research was undertaken as a first step in developing a systematic understanding of (1) small group processes from the pastoral standpoint and (2) to evaluate the training groups which were a regular part of the CPE program at Boston State Hospital. Ramsden chose to study in depth a single interpersonal group of eight CPE students, rather than a less intensive study of several groups. His aim was to provide some assessment of the effect of the group on its members and to describe the processes of the group itself.⁹ Ramsden's methodology included a content analysis of the group sessions, an analysis of the group in terms of the Leary Interpersonal System

⁶Ramsden, op. cit., pp. 28-30.

⁷William E. Ramsden, "The Processes and Effects of a Training Group in Clinical Pastoral Education" (unpublished Doctor's dissertation, Boston University, 1960), (Part of Ramsden's research design was described in a paper published later).

⁸Ibid., p. 3.

⁹Ibid., pp. 246, 247.

of Personality, and sociometric rankings.

Ramsden drew several conclusions from his work: (1) the group had exerted an influence upon its members in four areas relevant to CPE: self-understanding, interpersonal effectiveness, better understanding of group processes and a general contribution to the CPE program at Boston State Hospital; (2) members of the group formed important relationships with one another; (3) the group developed during the course of the summer program, coming to deal more with itself by the second half, but experienced a difficult period in terminating; (4) results indicated that the Leary system of interpersonal diagnosis of personality is not very useful for such a purpose as this study; (5) content analysis did not justify the great amount of work it required. Ramsden also concluded that the sociometric questionnaire developed within the framework of the study deserves further consideration since the indications were that it is a promising analytical instrument.¹⁰

Swanson was concerned with learning if certain changes which are assumed to take place in CPE do, in fact, take place.¹¹ One of the more striking changes indicated by Swanson's study was the progres-

¹⁰Ibid., pp. 253-255.

¹¹Paul R. Swanson, "Some Effects of Clinical Pastoral Education on a Group of Theological Students and Pastors" (unpublished Doctor's dissertation, Boston University, 1962), p. 180. It should be noted here that Swanson's work was not the first, nor the last of several significant studies seeking evidence of change in the personality and behavior of CPE students. Such studies have steadily become more aware of the need of carefully defining such words as "change," "self-awareness," "self-understanding," "self-acceptance," and "self-actualization." At least one of the studies has noted the inappropriate use of psychological instruments used to measure such "change" (See John Johnson's dissertation, pp. 37-73, listed in Appendix C). Another aspect is found in Kenneth W. Wanberg's work which notes the difference between perceived and actual changes (listed in Appendix C).

sive increase in peer rejection observed from the beginning of the program until the end. Several factors were involved including the idea that as a student becomes anxious in a situation in which his self-concept is being confronted, he may attack others. It was observed that as an individual becomes more critical of himself, he becomes more critical of others. Swanson stated,

As the group atmosphere, especially with reference to the non-structured interpersonal group, becomes more permissive, the processes of ventilation, transference, and identification may result in increased peer rejection for a period of time. This environment may allow an individual to come to a realization of some of his negative and ambivalent feelings, as opposed to the type of superficial acceptance he may often demonstrate in regard to others.¹²

While the emphasis of the group is didactic, the process of the group tends to involve therapeutic aspects; e.g., transference, identification, unconscious association and catharsis. Swanson maintains that such a group is not meant to be group therapy in that "there is not a direct focus upon the analysis of the transference and identification associations and relationships as would lead to the specific goal of insight."¹³

Swanson also discusses the use of the non-structured interpersonal groups in CPE in light of a twelve-week program. He mentions the problems of assimilation, integration and termination of such new experiences or processes during a twelve week program. One of his conclusions is:

If a twelve week program is to be used, the nature of the small interpersonal group must be understood and clarified and properly limited. If the secondary therapeutic aspect of the group displaces the primary didactic function, a twelve

¹²Ibid., pp. 169, 170.

¹³Ibid., p. 133.

week period of time is too short. This is true with respect to the training program in general. The presence of a small interpersonal group within a twelve week program requires careful understanding and clarification of its structure and function.¹⁴

Wanberg investigated the goals and expectations of clinical pastoral training from three perspectives: (1) the literature in the field; (2) the chaplain supervisors directing training at the individual centers; and (3) the students enrolled in the same selected programs.¹⁵ He found over sixty goal statements in the literature and categorized them into eight goals expressive of the purpose of clinical training. The first four goals related to the educational dimension of training, the last four to the therapeutic or need dimension.¹⁶

It was observed that only within the ten years preceeding Wanberg's work had the therapeutic dimension of training, or concern for the student's growth, gained consideration. According to Wanberg, most writers consider this dimension only secondary and any change or growth in students is to be considered a by-product of training. A few writers however, have pointed out that this emphasis should have primary importance in the program.¹⁷

The historical development of the goals and purposes of clinical training has taken three steps in coming to consider the whole student in preparing him for the ministry: First, there developed the stage of learning skills and techniques of pastoral care; second, it

¹⁴Ibid., pp. 183, 184.

¹⁵Kenneth W. Wanberg, "The Expectations and Realizations of Clinical Pastoral Training" (unpublished Doctor's dissertation, The Iliff School of Theology, 1962).

¹⁶Ibid., pp. 42, 43.

¹⁷Ibid., pp. 43, 44.

was soon learned that any effective minister must have an understanding of human personality in illness and health, and this was integrated into clinical training program; third, the student himself gained focal attention in terms of his own understanding and growth.¹⁸ This emphasis on the student's growth was inevitable if the primary purpose of clinical training was to be fulfilled; namely, "to train and educate young men for a more abundant and life-giving ministry."¹⁹

The supervisors participating in Wanberg's research were asked to rank the eight items according to their importance. Sixty-four supervisors (the number used in the final analysis), ranked the following two items as being significantly more important than the other six items:

Clinical training will afford a better understanding and knowledge of personality and its related emotional and spiritual weaknesses and strengths.

Clinical training is an experience which will allow one to have greater insight into and better understanding of one's own self.²⁰

On the basis of his data, Wanberg concluded that supervisors consider the students' understanding of others as a primary goal and that supervisors also consider the need dimension, or concern for the students' growth, as a primary, and not a secondary aspect of training. The same

¹⁸See James S. Ford, "Clinical Pastoral Education and the Seminarian's Conscious Perception of His Vocation" (unpublished Doctor's dissertation, the Iliff School of Theology, 1968), pp. 34-37 for a succinct discussion of this point. He notes Fred Keuther's steps (stages) on the subject as (1) What must he (student) do; (2) What must he know; (3) What must he say; and (4) What must he be. Maurice Clark's historical analysis of the subject is also included. Reuel Howe's stages of emphasis are listed as (1) Ministering to the mentally ill; (2) Study of Personality and (3) The development of group dynamics in psychology with its stress on interpersonal relationships.

¹⁹Ibid., p. 44.

²⁰Ibid., pp. 44, 45.

ideas were stated by the students included in his research. Since students and supervisors indicated concern over the growth of the student, Wanberg became convinced that "to understand one's self is a prerequisite to becoming a good pastor, and is as important as learning pastoral skills and understanding human personality."²¹

Two types of changes in CPE students are described: (1) felt-realizations, or the subjective evaluation of the meaning of the experience, and (2) actual changes and realizations which occur. Wanberg thought that the inclusion of experiences such as group therapy, or unstructured group seminars, in the training program would be a variable affecting the kind of felt-realizations. It was hypothesized that students enrolled in programs with this type of experience would bend to evaluate their training as being most valuable in the area of personal growth. The results of his research however, indicated that:

This was not the case, and students who did not receive group therapy felt that training was just as valuable in the area of personal growth as students in programs offering group therapy. Thus, the very nature of clinical training creates conditions for personal understanding and growth.²²

Lohrmann's work is primarily focused on supervision, but he makes several significant references to the group work carried out at St. Elizabeths Hospital, Washington, D.C.²³ In describing the groups

²¹Ibid., pp. 45, 47-49. It is interesting to note that a similar emphasis is found in a statement made in 1952 by David Belgum, Clinical Training for Pastoral Care (Westminster Press, Philadelphia, 1952), p. 130. "Personal growth toward a mature personality adjustment is essential. A pastor cannot help others with their problems if he is too involved with his own inner conflicts and emotional maladjustments."

²²Ibid., pp. 48, 51.

²³Enno K. Lohrmann, "A Study of Some Factors in Supervision in Clinical Pastoral Training - With Special Reference to St. Elizabeths

conducted by supervisors at St. Elizabeths, Lohrmann uses a variety of titles (or names) for the groups. He points out that the variety of titles indicates the several kinds of emphases the supervisors attach to peer group seminars. The variety of titles suggests a need to examine further the functions and goals of the peer group experiences in clinical pastoral training; and the function and process of the supervisor as the leader of such groups.²⁴

After comparing the fields of psychiatry, social work, and clinical pastoral training in their development of supervisory methods, Lohrmann concludes that:

The unique contribution of clinical pastoral training to the supervisory process is the use of the peer group structured in the training program. Involvement in a dynamic peer group is a required adjunct to the individual supervisor-student relationship for pastoral supervision in clinical training. A similar requirement is not evident in the literature of clinical supervision of the psychiatric or social work student. It was apparent in this study that the dynamic peer group often becomes a vehicle through which students are helped to verbalize feelings about significant persons and experiences in a more open and direct manner. The peer group helps students to achieve deeper awareness of their own response patterns and insight into the meaning of significant interpersonal relationships both within and outside of the training center.²⁵

McLocklin's research was exploratory in nature; he attempted to identify areas in CPE supervision needing further study.²⁶ A questionnaire was mailed to one-hundred supervisors. They were asked to

Hospital, Washington, D.C." (unpublished Doctor's dissertation, The Catholic University of America, 1966).

²⁴Ibid., pp. 25, 26, 130.

²⁵Ibid., pp. 114-116.

²⁶Boyd S. McLocklin, "A Study of the Theory and Practice of Supervision in Clinical Pastoral Education" (unpublished Master's thesis, Southern Baptist Theological Seminary, 1967), p. 1.

list in descending order of importance the five most crucial elements in CPE, e.g., student-student relationships, supervisor-student relationship, student-patient relationship, student-staff relationships, non-agenda group sessions, individual counseling with students, readings, didactic seminars, and corporate worship of students. Of the one-hundred questionnaires mailed, one-third were completed and returned. Student-patient relationships and the student-supervisor relationships were clearly ranked highest as the most crucial elements in CPE. The third most crucial element was student-student relationships. Student-staff relationships, didactic seminars and non-agenda group sessions formed a less important "triadic cluster."²⁷

McLocklin asked the respondents in his study to comment on CPE as sensitivity training. The results indicated that most of the supervisors felt this to be an inadequate definition of CPE, but a valid part of it. Sensitivity training was interpreted as having two primary dimensions: (1) promoting sensitivity to and empathy with others, and (2) promoting sensitivity to one's own self.²⁸

McLocklin also asked the supervisors to indicate from which of the following disciplines they had drawn the most help in forming their concepts and practices of supervision: clinical psychiatry, clinical psychology, psychoanalysis, short-term psychotherapy, group dynamics and lab method, educational learning theories, studies in theological education and others. Group dynamics and lab method, clinical psychiatry, and psychoanalysis were the most popular choices, all with a nearly equal emphasis. Following the top three were educational learning

²⁷Ibid., p. 54, 60.

²⁸Ibid., p. 63.

theories, studies in theological education, clinical psychology and short-term psychotherapy -- in that order.²⁹

PUBLISHED PROCEEDINGS

Several of the papers read at the Fifth National Conference on CPE, 1958, included theoretical issues very basic to non-agenda groups.³⁰ Excerpts from those papers, and the response of various supervisors attending the conference will now be presented.

Oates states that the improved personal adjustment of the theological student is one of the major goals of CPE.

Group therapy is the goal of education at this point This trend is a recognition of the relationship between personal insight and learning. In clinical training, the student is exposed to a challenging and even threatening set of relationships, while the teacher aims to free him from personal inhibitions and increase his capacity to handle threatening relationships throughout life.³¹

According to Oates the objectives of a hospital in relation to CPE are predominantly educational. Thus, when the two attempt to correlate their objectives, "the therapeutic objective is thrust into the educational objective, and the educational goal is thrust into the goal of the hospital."³²

Fairbanks says that the students' clinical experience "is be-

²⁹Ibid.

³⁰Clinical Education for the Pastoral Ministry, Proceedings of the Fifth National Conference of Clinical Pastoral Education, ed. Ernest E. Bruder and Marion L. Barb (published by the Advisory Committee on Clinical Pastoral Education, 1958).

³¹Wayne E. Oates, "The Goals of Clinical Pastoral Education," Clinical Education for the Pastoral Ministry, op. cit., pp. 36-37.

³²Ibid.

coming less and less of a training experience in the sense that we usually think of training and is becoming more and more outright therapy."³³

It is not this writer's purpose to debate whether or not this should be, but rather to urge that if this be so, then we must face up to it, recognize it, and furthermore accept the implications and obligations which such a shift places upon those of us who are responsible to the seminaries and to the seminarians. If, as is true of the writer's own seminary, clinical pastoral training is required for graduation, then we must be fully cognizant as to the real nature and character of this alleged training. If clinical pastoral training has become, or is becoming, in actual practice clinical therapy, then each one of us -- Chaplain Supervisor and theological professor -- must face the emotionally charged question as to the necessary qualifications for providing quasi-medical treatment? The problem is admittedly posed here in bolder terms than perhaps the situation calls for, but it is done so deliberately in order to dramatize the question.³⁴

Kuether also deals with the "therapy vs. training" debate by describing various problems associated with his counseling or therapeutically oriented training program.

It is my assumption that no supervisor who has not experienced therapy will attempt a therapeutically oriented training program. He would not be acting responsibly if he did. Conversely, if the supervisor has experienced therapy and has had training in counseling, he may freely and responsibly elect to conduct a therapeutically oriented clinical pastoral education program.³⁵

Billinsky responds to Kuether's paper in rather pointed terms. He implies that the paper is primarily an effort to describe what hap-

³³Rollin J. Fairbanks, "The Evaluation of the Student's Training Experience in Relation to the Seminary Curriculum," Clinical Education for the Pastoral Ministry, op. cit., p. 72.

³⁴Ibid.

³⁵Frederick C. Kuether, "How are Supervisory Skills Transmitted to New Supervisors," Clinical Education for the Pastoral Ministry, op. cit., pp. 86-88.

pens in a given center when supervisors decide to interpret the philosophy of clinical pastoral training in terms of pseudo-therapy and counseling. He also says that "any therapy which goes only part way and leaves the student dangling in the air can prove to be injurious."³⁶

Bruder likewise notes the controversy surrounding the therapeutic approach. He disapproves of Bilinsky calling Keuther's work "pseudo-therapy" but then adds,

However, it should be pointed out that to explore the why of an interpersonal process is frankly to enter the arena of therapeutic endeavor, for which most supervisors are not adequately trained. And equally as important, most students do not come for this, even though they may need it, when they are either sent by the seminary, or apply personally, for clinical pastoral training. To set up a program which makes this difficult to avoid by students who are fearful of such closeness, makes the whole process much more complicated than it needs to be.³⁷

Gerkin discusses the need of making a sharp distinction between "supervision" and "psychotherapy," and defines supervision as

. . . An effort on the part of the supervisor to help the student as he confronts himself in the pastoral role and in relationships, particularly pastoral, peer, and authority relationships (i.e. patients, other students, and supervisor). This is done by placing the student in a certain kind of situation that is productive of this kind of confrontation with self in role and relationship . . . the degree of confrontation with self that takes place will depend upon the student and should be largely left with him.³⁸

He states that psychotherapy has a more ambitious goal, namely, the work-

³⁶John Milton Bilinsky, "How are Supervisory Skills Transmitted to New Supervisors," Clinical Education for the Pastoral Ministry, op. cit., p. 91.

³⁷Ernest E. Bruder, "How Are Supervisory Skills Transmitted to New Supervisors," Clinical Education for Pastoral Ministry, op. cit., p. 96.

³⁸Charles V. Gerkin, "How Are Supervisory Skills Transmitted to New Supervisors," Clinical Education for Pastoral Ministry, op. cit., pp. 100, 101.

ing through of internal conflicts and the establishment of new characteristic modes of behavior and relationships and that to attempt such in the limited time available in CPE is open to severe question. While the atmosphere of CPE should be therapeutic in that it is person-centered and not content-centered, to give the student an open choice to make of the supervisor a psychotherapist in the technical sense of that term is to change the focus of supervision from confrontation with self in role and relationship to working through of internal psychic conflicts. This is no longer clinical pastoral education, but psychotherapy. "It is my conviction that the focus of clinical pastoral education is neither psychotherapy nor teaching as such, but the student as a person in the pastoral role and relationship."³⁹ The above discussion on supervisory skills and psychotherapy may be applied to the supervision of groups as well as to individuals.

Klink's reference to non-agenda groups is found in his discussion of "the group hour."

It is not directly intended to be group psychotherapy. It is another locus of the experience of involvement with persons, with a role, and with a body of knowledge. It is perhaps the most significant exposure that the student will have to the experience of the group process dimension of human living. It will, hopefully, render him more able to function as a pastoral participant-observer on the continued treatment ward to which he is assigned and, prayerfully, may provide him with a set of experiences which will enable him to function more effectively as the pastor of a church, rather than just the pastor to the individuals of a church.⁴⁰

Group dynamics seminars are necessary areas of experience for

³⁹Ibid., p. 101.

⁴⁰Thomas W. Klink, "How is Supervision Carried Out?" Clinical Education for Pastoral Ministry, op. cit., p. 106.

all CPE students, according to Howard, who described the purpose of such groups as being didactic, although the procedure is modeled along group therapy lines. Emphasis is placed on understanding group process, relationships and problems, not upon the student's personal past or his characteristic traits.

Issues that may be expected to arise are: the expression of hostile feelings, first to the leader and then to each other; leadership; absent and silent members; forming of a group culture; authority; scapegoating; expression of positive feelings. At least thirty sessions seem to be necessary before there can emerge a therapeutic orientation, i.e., the group conclusion that the interest and needs of every member are vital to the whole group.⁴¹

Students, according to Howard, find such groups to be the most interesting and stimulating of all the experiences in the program.

"The student sees very graphically the difficulty of giving and receiving warmth and affection, processes which are basic to his Christian calling."⁴²

Young mentions the anxiety involvement of the student in a training program. In his opinion, the supervisor must be prepared to deal with the emotionally determined attitudes of the student when such attitudes get in the way of the learning process.

If an active neurotic problem arises which is serious enough to make it inadvisable for the student to see patients, then psychiatric help should be made available; but anxiety-involvement should be dealt with under every circumstance. In my opinion this is one of the ethical problems facing the clinical training movement today. We have no right to take students into a clinical training environment, where strong feelings inevitably arise, unless the supervisor has the skill to deal with this factor in the teach-

⁴¹Judson D. Howard, "How is Supervision Carried Out?" Clinical Education for Pastoral Ministry, op. cit., p. 113.

⁴²Ibid., p. 114.

ing process.⁴³

Young also includes a brief description of the "group seminar." The supervisor or students may bring in material for discussion, e.g. verbatim, interviews and case studies. He adds however, that "emotional involvement in the group is given priority over the material, thus making it student-centered and not material-centered."⁴⁴

Twenty-six supervisors were asked to write thousand-word statements on clinical pastoral training for the fall conference of the Institute of Pastoral Care, 1959. A persistent emphasis throughout the statements was on the group framework, in various forms, in clinical training. The description of such groups ranged from some type of group dynamic -- group therapy emphasis, wherein the only agenda was the group process and the relations within the group, to the teaching group seminar structure. Twelve supervisors presented specific details of their group work, including descriptions of goals, procedures, contracts, number of sessions and students, and the role of the leader.⁴⁵

In a second set of papers presented at the above mentioned conference, Swanson briefly reviewed the thousand-word statements

⁴³Richard K. Young, "How is Supervision Actually Carried Out?" Clinical Education for Pastoral Ministry, op. cit., p. 119.

⁴⁴Ibid., pp. 120, 121.

⁴⁵Clinical Pastoral Education (Fall Conference, Chaplain Supervisors, Institute of Pastoral Care, October 5-9, 1959, Farmington, Mass.), Lloyd E. Beebe, p. 2; Henry C. Brooks, p. 7; Peter T. Burks, p. 10; Judson D. Howard, p. 15; Myron E. Klinkman, p. 19; Robert E. Otto, p. 25; William F. Rogers, p. 29; John I. Smith, p. 32; Joseph F. Woodson, p. 50; Richard J. Lehman, pp. 55, 56; Ottis A. Maxfield, p. 57; Harold R. Beebe, p. 60.

and made the following observation:

The group structure and the group goals are partially dependent upon the individual supervisor, his person and capabilities. We are faced with the persistent question as to what degree clinical pastoral education is to have a psychotherapeutic emphasis in its group work. We are, indeed, confronted with the necessity for the group leader to have a well conceptualized theory as to what takes place in the group process, be it group therapy or group work. A one-to-one interpersonal relationship is ever so much simpler than a one-to-ten intergroup relationship.⁴⁶

Four papers from the Fall Conference of the Institute of Pastoral Care (1960) deal with groups.

Klinkman considered the emotional growth of students in CPE noting that the trainees in his program eat together, study together, work together and live together. In the process of such close living, many of the bull sessions turn out to be group therapy sessions in which each person finds opportunity to express and test his feelings on the other members of the group. He also mentioned the group dynamics included in his program for one hour each day. "While students jokingly refer to the process as group dam-nimics or group dam-antics, they really regard it as the most helpful experience in clinical training."⁴⁷

Howard reports that along with an active interest in the value of group experience, chaplain supervisors at Boston State Hospital became aware of the need for a systematic approach to and understanding of the dynamics of groups.

⁴⁶Paul R. Swanson, "Clinical Pastoral Education in the Institute of Pastoral Care," Clinical Pastoral Education (1959 Fall Conference, Institute of Pastoral Care), p. 9.

⁴⁷Myron F. Klinkman, "The Emotional Growth of Students in Clinical Pastoral Education," Objectives of Clinical Pastoral Education (1960 Fall Conference, Chaplain Supervisors, Institute of Pastoral Care), pp. 63, 64.

One of the pre-conditions for such a study was the developing and sketching out of a perspective or conceptual schema for the pastoral care of groups. The reasons for this were two: (a) that though much fine work had been done by other professions and researchers, we could not take for granted that such would necessarily fit the pastor's perspective and day to day working with groups; (b) such a conceptual schema would make possible a framework in which systematic observation could begin to be made.⁴⁸

He listed four dimensions or categories within which a training group might be observed: (1) process, meaning those phenomena that have to do with the discussion topic, with who leads, who follows and so on; (2) interaction, meaning those feelings that go on between the members of the group; (3) culture, which refers to the mores, customs and so on that evolve from the group as it meets; and (4) reaction, meaning those aspects of group process which are influenced by what the individual member brings to the group.⁴⁹

Ramsden says that along with the more common methodologies used by supervisors in clinical pastoral training programs, Boston State Hospital's "peculiar method" is the interpersonal group seminar. He states that such groups are used to provide an experience of group processes and thus provide a foundation for the pastor (student) in his work with groups.⁵⁰ One element in interpersonal group seminars, according to Ramsden, is the testing program. Two approaches are mentioned: (1)

⁴⁸Judson D. Howard, "Some Reflections on the Pilot Efforts on Research in the Pastoral Care of Groups Carried on in the Clinical Pastoral Education Program at Boston State Hospital," Objectives of Clinical Pastoral Education, op. cit., p. 82.

⁴⁹Ibid., p. 83.

⁵⁰William E. Ramsden, "The Boston State Hospital Setting and a Sociometric Approach to the Study of Group Processes," Objectives of Clinical Pastoral Education, op. cit., pp. 84, 85.

Somatotyping, to help the chaplain supervisors by providing measures of the students as they entered the program; (2) sociometric measurement, used to evaluate the program itself. The bulk of Ramsden's paper deals with sociometric measurement as a technique used to assess various social configurations of the interpersonal group seminar.⁵¹

Hartl's pilot study was based on the thesis that the constitutional base of one's personality (the somatotype) affects his behavior in a group.⁵² As a result of his study of 100 CPE students, he stated that clinical pastoral education students tend to cluster in the mid-range area on a distribution chart with a clear tendency to favor the endomorph -- mesomorph pattern (nearly balanced strength of each component) with somewhat less ectomorphy.⁵³ Among other forms of evaluation, Hartl compared the CPE students with a group of delinquent boys and young men and noted an interesting shift on the distribution chart of the delinquent population toward a consistently higher incidence of mesomorphy.

Wieand read his paper at the first annual conference of the newly formed association for Clinical Pastoral Education (ACPE), in 1968.⁵⁴ He began by asking the question, "What has sensitivity training to con-

⁵¹Ibid., p. 92.

⁵²Emil M. Hartl, "The Constitutional Base of Personality (the Somatotype) as a Dimension for Investigation in the Study of the Group," Objectives of Clinical Pastoral Education, op. cit., p. 97.

⁵³Endomorphy = Rotundity, "the fat man"; Mesomorphy - muscularity, "the athlete"; ectomorphy = linearity, "the skinny man."

⁵⁴David J. Wieand, "The Philosophy, Goals, and Methodology of Sensitivity Training," New Thrusts in Clinical Pastoral Education, Part II (1968 Fall Conference, Association for Clinical Pastoral Education).

tribute to the enterprise of CPE?" In the process of discussing that contribution, Wienad examined six areas of interest: (1) the interrelation of counseling and group process, (2) a definition of the sensitivity training group (T-group), (3) the goals of sensitivity training, (4) the assumptions upon which T-group training is based, (5) methods, and (6) phases of T-group development.⁵⁵

Wienad describes the curriculum at Bethany Theological Seminary (Oak Brook, Illinois) and the seminary's Advanced Pastoral Training Seminar for active pastors where the seminary utilizes modified T-Group programs. The faculty is convinced that they are moving in the right direction in providing the student and pastor with opportunities for developing awareness, integrity, openness, freedom, trust and change agent skills applicable to his total way of living and ministry. Wienad considers Bethany's use of sensitivity training models a success and recommends their use in CPE.

JOURNAL ARTICLES

In 1950, Leslie addressed the Silver Anniversary Conference of Clinical Pastoral Training in Chicago on his work at Boston State Hospital with a clinical pastoral training group.⁵⁷ He noted that in addition to the intellectual growth that comes to a student in clinical training, by observing and analyzing behavior patterns and personality patterns in patients, there is an even more significant opportunity for

⁵⁵Ibid., pp. 17-31.

⁵⁶Ibid., pp. 27-29.

⁵⁷Robert C. Leslie, "Growth Through Group Interaction," Journal of Pastoral Care, 5:36-45, Spring, 1951.

growth through interacting with other students and with the leader in a closely knit group.

When the growth opportunities of a closely knit group are fully exploited, the group tends to serve a therapeutic purpose. If therapy is thought of in terms of helping people in their total adjustment to life, then it becomes apparent that the group provides opportunity for developing greater self-understanding. Insofar as it fosters desirable individual change, it does aid in life adjustment and so takes on some of the characteristics of a therapy group.⁵⁸

Major segments of the address include "problems of the groups," "goals of the group," "stages in group process," and the "role of the leader."

The clinical pastoral training program at Saint Elizabeths Hospital in Washington, D.C., began in 1945. In 1955, Bruder surveyed 139 students who had completed the program during the preceeding ten year period. A total of 122 questionnaires were returned (88 per cent). The students' concern about self-observation and understanding interpersonal relations permeates the response to almost all of the survey's fifty questions. A number of problems for investigation emerged out of the study, including the needs: (1) to investigate the group process in an intensive clinical experience and (2) to define the meaning of "self-awareness" and to investigate the validity of students' claim that "self-awareness" in interpersonal relations is the most significant contribution of clinical pastoral training to their professional and personal development.⁵⁹ One of Bruder's concluding statements makes reference to the latter idea:

⁵⁸Ibid., p. 36.

⁵⁹Ernest Bruder and Marian L. Barb, "A Survey of Ten Years of Clinical Pastoral Training at Saint Elizabeths Hospital," The Journal of Pastoral Care, 10:86-88, 94, Summer, 1956.

The predominance of direct references to self-observation and interpersonal relations in such open-ended questions is a clear indication that the programs not only provide opportunities in these two areas, but that they are the most important aspects of the program. This conclusion is emphasized when we consider the large variety of responses that could be made to such questions from a highly structured program with much time devoted to lectures, seminars, conferences, observations of therapies . . .

Since self-observation is prerequisite to understanding interpersonal relations, and most of those who responded are in the parish ministry where understanding of interpersonal relations is vital to effective functioning, it is gratifying that the responses are so heavily weighted in this area of their life and work.⁶⁰

Howard discusses the Interpersonal Group Seminar and its use in the clinical pastoral training program at Boston State Hospital.⁶¹ He notes that various students and group leaders-to-be had misunderstood the purpose of such groups. As a result of that misunderstanding, personnel of the protestant chaplains' office at Boston State Hospital decided, in 1958, to hold a series of theoretical discussions about the pastoral care of groups. The main thrust of Howard's article was the presentation of some of the conclusions growing out of those discussions.

Howard describes various distinctions between task groups and therapy groups. He observes that various leaders in the future are interested in basic group processes but from different perspectives. The leader in group dynamics approaches the study of groups from the perspective of aiding people in their tasks, whereas the leader in group

⁶⁰Ibid., p. 94.

⁶¹Judson D. Howard, "Interpersonal Group Seminar: A Training Method in the Pastoral Care of Groups," Journal of Pastoral Care, 14: 160-166, Fall, 1960.

therapy approaches the study of groups from the perspective of aiding people in their individual adjustment. "The leader in the pastoral care of groups approaches the study of groups from the perspective of what aids the emergence of a Christian community and, within this, how his parishioners become included, individuated, and responsible."⁶²

Howard also discusses the three following characteristics of groups: (1) inclusion, i.e., the group's inclusion of a member and the members' acceptance of that inclusion; (2) individuation, as compared to its opposite, conformity; and (3) responsibility, i.e., in leadership and group tasks. In his summary, he notes that the pastor does most of his work with parishioners in groups, therefore,

He needs to have a clinical opportunity for studying the processes therein. In the clinical pastoral program at Boston State Hospital, this training of the leader opportunity is provided for (in part) by the Interpersonal Group Seminar. However, the student needs a conceptual framework within which he may look for the processes which are important to the pastoral care of groups as contrasted, for example, with the processes important to the leader in group dynamics or group therapy.⁶³

The purpose of Gynther and Kempson's study was to evaluate the personalities and interpersonal relations of ministers participating in clinical pastoral training and to determine the effects, if any, of such a program on individual and group processes.⁶⁴ The investigators utilized the system of interpersonal diagnosis of personality developed by Leary, which is adaptable to either individual or group processes. Their sample consisted of four ministers in a training program under

⁶²Ibid., p. 162.

⁶³Ibid., p. 166.

⁶⁴Malcolm D. Gynther and J. Obert Kempson, "Personal and Interpersonal Changes in Clinical Pastoral Training," Journal of Pastoral Care, 12:218, 1958.

the Council for Clinical Training.

The results of their study indicated that no significant change took place during the program in the way the students rated one another, nor in the way the students rated themselves, nor in the self-ratings derived from the MMPI scores.⁶⁵ Gynther and Kempson felt that the sample of students in their original study (1958) was not representative of the trainees in clinical pastoral training programs in that they were older and more experienced in the pastoral ministry whereas in most programs there are a number of undergraduate theological students in addition to experienced pastors. Thus, the investigators replicated their study (1962), using a "more representative sample of students."⁶⁶

The results of their second study confirmed the tentative conclusions drawn in the initial study:

a. Neither seminarians nor experienced ministers demonstrate a significant degree of basic or superficial personality change as a result of clinical pastoral training.

b. Neither seminarians nor experienced ministers perceive any significant change in themselves during this training.

c. Seminarians and ministers both perceive changes in each other during the training period.

d. Seminarians may be more likely than older ministers to profit from short-term group interaction, as the younger trainees seem less guarded and more flexible.⁶⁷

Gynther and Kempson concluded that if greater self-understanding and more comprehension of group relationships are goals of clinical

⁶⁵Ibid.

⁶⁶Malcolm D. Gynther and J. Obert Kempson, "Seminarians and Clinical Pastoral Training: A Follow-up Study," Journal of Social Psychology, 56:9-14, 1962.

⁶⁷Ibid., p. 14.

pastoral training, then the student is more likely to achieve them in the one year training period than the three month period that is so often used.⁶⁸

Knights describes the application of Gestalt psychology and therapy to the group experience of students involved in the 1968 Summer program of CPE at the New Hampshire Hospital, Durham, New Hampshire.⁶⁹ The students in his CPE program agreed to take part in group experiments based upon Frederick S. Perls therapy: (1) orienting the self and (2) manipulating the self.

Under the first category we did basically three kinds of experiments. These were experiments concerned with: (1) contacting the environment, (2) techniques of awareness, and (3) directed awareness. Under the second category we worked on experiments dealing with: (1) retroflection, (2) introjection, and (3) projection. The group met for a total of 18 one and one-half hour sessions and a total of 18 experiments were performed.⁷⁰

The students commented quite favorably on the meaningfulness of the group experience. They felt they had come to a new awareness of themselves and had undergone a period of personal growth which had many applications in their professional functioning. Knights was also favorably impressed with the Gestalt approach to group work in CPE.⁷¹

A student of Boston Theological Institute expressed his discontent with CPE.⁷² Included in his complaints was a paragraph on the

⁶⁸Ibid.

⁶⁹Ward A. Knights, Jr., "A Gestalt Approach in Clinical Training Group," Journal of Pastoral Care, 24:193-198, September, 1970.

⁷⁰Ibid., p. 195.

⁷¹Ibid., p. 198.

⁷²W. George Scarlett, "Time for a Change in CPE," Alice: A Theology Students' Newspaper, 1:13, March, 1970; cited in Journal of Pastoral Care, 25:69-70, March, 1971.

"small groups" in CPE, which he considered to have become an intensive group therapy experience.

This is contrary to what I consider to be good ethics in clinical practice, for there are many students in CPE who never asked for therapy, and many more for whom the pressures to expose highly emotional autobiographical concerns are harmful and extremely unpleasant. Leaders of small groups should limit talk to the "here and now" and avoid areas which are so charged with emotion as to require a more long-term relationship.⁷³

Three CPE students and their supervisor participated in a week of sensitivity training with mental health administrators in June, 1969, at Larned State Hospital, Larned, Kansas. Self-awareness and communication were the foci of the laboratory experience.⁷⁴

The participants felt the experience was beneficial. Each student indicated in an interview six months after the lab that it had helped him integrate his clinical experiences at the hospital. The authors noted that the chaplain supervisor and facilitators met on several occasions to determine the values and outcomes of the laboratory. Their evaluation has been positive:

The experiential laboratory will continue to be used as part of the clinical pastoral quarter to help students become more aware of interpersonal relationships and group dynamics. In the future more attention will be focused on research and statistical evaluation. The need to learn more about interactions with ourselves and others has become very apparent to us. It is a difficult task, but the challenge is an exciting one.⁷⁵

⁷³Ibid., p. 70.

⁷⁴Terry D. Keeley, James E. Burgin and Kevin Kenny, "The Use of Sensitivity Training in a Unit of Professional Education," The Journal of Pastoral Care, 25:188-195, September, 1971.

⁷⁵Ibid., p. 195.

CHAPTER IV

ANALYSIS OF DATA

QUESTIONNAIRE RETURNS

Questionnaires were mailed to 196 supervisors in the 196 accredited centers in all of the geographical regions which offer Basic CPE. Table depicts the distribution of the questionnaire.

Table 1

Classification of Population by Geographical
Region and Number of Questionnaires Mailed

Region	Number	Per Cent
North Central	38	19.3
Eastern	26	13.2
South Central	25	12.8
East Central	19	9.7
Southwest	19	9.7
Pacific	19	9.7
Southeast	17	8.7
Mid-Atlantic	15	7.7
Northeast	15	7.7
Foreign Affiliated Centers	<u>3</u>	<u>1.5</u>
Total	196	100.0

Of the 196 questionnaires mailed, 120 were returned, a 61.2 per cent response. Twenty-six questionnaires were not analyzed for several reasons, including those questionnaires filled out by acting supervisors, those which responded, but did not return a completed questionnaire, those which represented a part-time unit of Basic CPE, and those received too late for computation. Table 2 shows the supervisors' response to the survey.

Table 2
Response to the Survey

Type of Questionnaire	Number	Per Cent
Returned and computed	94	78.3
Returned, but not completed	10	8.3
Completed by Acting Supervisor	9	7.5
Returned too late for computation	5	4.2
Part-time unit represented	<u>2</u>	<u>1.7</u>
Total	120	100.0

GROUP DESCRIPTION

The first section of the questionnaire dealt with data describing the selected supervisors' non-agenda groups.

Number of Groups

Table 3 indicates the number of non-agenda groups conducted by individual supervisors in each center. Most of the supervisors con-

ducted only one such group for Basic CPE. Nine supervisors reported that they conduct two groups and one supervisor reported three different groups for Basic CPE.

Table 3
Number of Separate Non-Agenda
Groups Per Supervisor

Number of Groups Reported	Supervisors Reporting		Groups Reported	
	N	%	N	%
One Group	82	89.1	82	79.6
Two Groups	9	9.8	18	17.5
Three Groups	<u>1</u>	<u>1.1</u>	<u>3</u>	<u>2.9</u>
Total	92*	100.0	103	100.0

*Although 94 questionnaires were returned and computed, data from 92 questionnaires are present in this table because of insufficient data in two questionnaires. On other tables, the N will vary when data is incomplete.

Name of Group

Forty-two different names were used by the supervisors to describe non-agenda groups. Of the 101 separate name entries, Interpersonal Relations Group (IPR) received the most entries (35 entries or 34.7 per cent). Interpersonal Group, named nine times or 8.9 per cent, was the second most frequently used name. CPE I, six responses or 5.9 per cent, was the third most frequently used name. T-Group and Group Concerns ranked fourth in usage, receiving four responses or 4.0 per cent. (See Table 4.)

Table 4

Names of Non-Agenda Groups

Name	Number	Per Cent
Interpersonal Relations Group	35	34.5
Interpersonal Group	9	8.6
CPE I	6	5.9
Group Concerns	4	4.0
T-Group	4	4.0
Blank Space (Data, but no name)	2	(Not included in total)
Encounter Group	2	2.0
Group Life Seminar	2	2.0
Interpersonal Group Seminar	2	2.0
Pastoral Concerns Group	2	2.0
Pastoral Concerns Seminar	2	2.0
Unstructured Seminar	2	2.0
Basic GRT Students	1	1.0
Chaplains' Discussion	1	1.0
CPE	1	1.0
CPE (Basic)	1	1.0
CPE Class	1	1.0
CPE Group	1	1.0
CPE I Open Seminar	1	1.0
Fairview	1	1.0
Group	1	1.0
Group I	1	1.0
Group II	1	1.0
Group Dynamics	1	1.0
Group Hour	1	1.0
Group Interaction	1	1.0
Group Seminar	1	1.0
Group Study	1	1.0
Interaction	1	1.0
N.A.G.	1	1.0
No Label -- "Seminar"	1	1.0
Non-Verbal	1	1.0
Open-End	1	1.0
Open Seminar	1	1.0
Open Sessions	1	1.0
Parish Pastoral Development Group	1	1.0
Pastoral Concerns	1	1.0
Pastoral Group Seminar	1	1.0
Personal Concerns	1	1.0
Role Play	1	1.0
Sensitivity Group	1	1.0
T.A. as part of CPE Program	1	1.0
Unstructured Group	1	1.0
Total	101	100.0

If the 42 different names are classified according to the emphasis implied by the name, seven categories of emphases emerge as seen in Table 5 with the "Interpersonal" category being most prominent.

Table 5
Names of Non-Agenda Groups
Classified by Emphasis

Name Emphasis	Number	Per Cent
CPE		
CPE I	6	5.9
CPE	1	1.0
CPE (Basic)	1	1.0
CPE Class	1	1.0
CPE Group	<u>1</u>	<u>1.0</u>
Total	10	9.9
Group		
Group Concerns	4	4.0
Group Life Seminar	2	2.0
Group Dynamics	1	1.0
Group Hour	1	1.0
Group Seminar	1	1.0
Group Study	1	1.0
Group	1	1.0
Group I	1	1.0
Group II	<u>1</u>	<u>1.0</u>
Total	13	13.0
Pastoral		
Pastoral Concerns Seminar	2	2.0
Chaplains' Discussion	1	1.0
Parish Pastoral Development		
Group	1	1.0
Pastoral Concerns	1	1.0
Pastoral Concerns Group	2	2.0
Pastoral Group Seminar	<u>1</u>	<u>1.0</u>
Total	8	8.0

Table 5 (Continued)

Name Emphasis	Number	Per Cent
Interpersonal		
Interpersonal Relations		
Group (Usually IPR)	35	34.5
Interpersonal Group	9	8.6
Interpersonal Group Seminar	<u>2</u>	<u>2.0</u>
Total	46	45.6
Open or Unstructured		
Unstructured Seminar	2	2.0
CPE I Open Seminar	1	1.0
N.A.G.	1	1.0
Open-End	1	1.0
Open Seminar	1	1.0
Open Sessions	1	1.0
Unstructured Group	<u>1</u>	<u>1.0</u>
Total	8	8.0
T-Group		
T-Group	4	4.0
Encounter Group	2	2.0
Group Interaction	1	1.0
Interaction	1	1.0
Sensitivity Group	<u>1</u>	<u>1.0</u>
Total	9	9.0
Other		
Basic GRT Students	1	1.0
Fairview (Name of hospital)	1	1.0
No Label -- "Seminar"	1	1.0
Non-Verbal	1	1.0
Role Play	1	1.0
T.A. (As part of CPE		
Program)	1	1.0
Personal Concern	<u>1</u>	<u>1.0</u>
Total	7	7.0
Total	101	100.0

Size of Group

Of the 103 different non-agenda groups described in the study, 44 groups or 42.7 per cent had five to six members. Twenty-seven groups or 26.1 per cent, had three to four members. Fourteen groups or 13.6 per cent, had seven to eight members. (See Table 6.)

Table 6

Classification of Non-Agenda Groups
by Number of Members Per Group

Number of Members	Number of Groups	Per Cent
3 - 4	27	26.2
5 - 6	44	42.7
7 - 8	14	13.6
9 - 10	6	5.8
11 - 12	8	7.8
13 - over	1	1.0
No answer	<u>3</u>	<u>2.9</u>
Total	103	100.0

Group Members Classified by Sex

The survey revealed a total population of 612 group members in the 103 groups, composed of 577 men (94.1 per cent) and 35 women (5.7 per cent). (See Table 7.)

Table 7
Classification of Group Members by Sex

Group Members	Number	Per Cent
Men	577	94.2
Women	<u>35</u>	<u>5.8</u>
Total	612	100.0

Time Spent in Groups

In order to determine the amount of time spent with each non-agenda group, the supervisors were asked to supply the following information: (a) Total number of weeks spent with each group; (b) Total number of sessions for each group; (c) Average time in each session; and (d) Number of days in each week sessions were conducted.

Fifty-four supervisors or 52.4 per cent, indicated that their groups were conducted for 11 weeks. Twenty-nine supervisors or 28.2 per cent, spent 12 weeks with their groups. Seven supervisors or 6.8 per cent, spent 10 weeks with each group.

The total number of sessions per group ranged from 10 to over 50 sessions. The two most frequently cited number of sessions came in the range of 20-24 and 10-14 sessions. Twenty-two sessions were cited for 12 groups or 11.7 per cent, and 11 sessions for 9 groups or 8.1 per cent, which indicated the frequency of either a once-a-week or twice-a-week format. (See Table 8.)

Table 8
Total Number of Weeks and Sessions
Spent with Each Group

Number of Weeks	Number	Per Cent
10	7	6.8
11	54	52.4
12	29	28.2
13	2	1.9
14	4	3.9
15	1	1.0
16	1	1.0
Others (e.g. 1, 22, 30, 48)	<u>5</u>	<u>4.8</u>
Total	103	100.0

Number of Sessions		
Under 9	6	5.8
10 - 14	18	17.5
15 - 19	1	1.0
20 - 24	27	26.3
25 - 29	8	7.8
30 - 34	11	10.5
35 - 39	6	5.8
40 - 44	6	5.8
45 - 49	6	5.8
50 - up	12	11.8
No answer	<u>2</u>	<u>1.9</u>
Total	103	100.0

A majority of the respondents, 65 or 63.1 per cent, reported they met for one and one-half hours per session. The practice of meeting for one hour per session and two hours per session was cited for 12 groups each or 11.7 per cent.

The number of days the groups met each week was more diverse. Thirty-two supervisors or 31.1 per cent, preferred meeting twice a week; 22 supervisors or 21.4 per cent, preferred three times a week; 20 supervisors or 19.4 per cent, preferred once a week; and 16 supervisors or 16.0 per cent, preferred meeting five times per week. (See Table 9.)

GROUP PHILOSOPHY AND GOALS

Even though the questions in this section of the questionnaire were of a general nature, the supervisors were requested to answer according to their present philosophy and goals for Basic CPE non-agenda groups.

Participation in Non-Agenda Groups

Eighty-six supervisors, 91.5 per cent, indicated that participation in such groups is required at their center with only five supervisors, 5.3 per cent, stating that participation was not required. There were eleven exceptions to participation which varied from "emergencies" to "student option." (See Table 10.)

Emphasis Upon Non-Agenda Groups

When supervisors were asked whether their emphasis upon non-agenda groups was increasing, decreasing or remaining constant, 71 or 75.5 per cent, said that their emphasis was remaining constant.

Table 9

Non-Agenda Groups Classified by Number of
Hours and Days in Which Sessions Were Conducted

Hour(s) Per Session	Number of Groups	Per Cent
1	12	11.8
1 1/4	5	4.9
1 1/3	3	2.9
1 1/2	65	63.4
1 3/4	2	1.9
2	12	11.7
3	1	1.2
No answer	<u>1</u>	<u>1.2</u>
Total	103	100.0

Day(s) Per Week		
1	20	19.3
2	32	31.1
3	22	21.3
4	6	5.7
5	16	16.0
7	1	1.0
Days varied	3	2.8
No answer	<u>3</u>	<u>2.8</u>
Total	103	100.0

Table 10
Participation in Non-Agenda Groups

Participation Required	Number	Per Cent
Yes	86	91.5
No	5	5.3
Other	<u>3</u>	<u>3.2</u>
Total	94	100.0

Exceptions to Participation (Conditional Yes or No)		
Student Option	3	27.2
Emergencies requiring absence	2	18.2
Expected, not demanded	2	18.2
As priority permits	1	9.1
Non-participants screened- out in initial interview	1	9.1
Previously, yes; Presently, no	1	9.1
Student in psychotherapy with recommendation not to participate	<u>1</u>	<u>9.1</u>
Total	11	100.0

Twenty-one or 22.3 per cent, said their emphasis was increasing. Only 2 supervisors or 2.1 per cent, indicated that their emphasis was decreasing. (See Table 11.)

Table 11
Emphasis Upon Non-Agenda Groups

Emphasis	Number	Per Cent
Increasing	21	22.3
Decreasing	2	2.2
Remaining Constant	<u>71</u>	<u>75.5</u>
Total	94	100.0

The Use of a Testing Program

A majority of the supervisors, 62 or 66.0 per cent, do not include a testing program as an integral part of their non-agenda groups. Thirty supervisors or 31.9 per cent, indicated that testing is included. Out of the 18 different types of tests used, the MMPI was the most frequently cited test, receiving a 30.2 per cent response. Sach's Sentence Completion was second with 9.3 per cent. Other tests used include the Edwards Personal Preference Schedule, 16PF, and the Interpersonal Check List. (See Table 12.)

Primary Objectives

Four specific goals emerged as the primary objectives of non-agenda groups: (a) increased awareness and understanding of self and others; (b) personal and/or professional growth; (c) learning and experiencing group dynamics; and (d) development of honest communication. Other objectives are listed in Table 13.

Table 12

Testing Programs Classified
by Frequency of Use and Type
of Instrument Utilized

Testing Program Included	Number	Per Cent
Yes	30	31.9
No	62	66.0
Other	<u>2</u>	<u>2.1</u>
Total	94	100.0

Type of Instrument		
California Psy. Inventory	1	2.3
Cornell Medical Index	1	2.3
Draw-A-Person	1	2.3
Edwards P. P.	3	7.0
Interpersonal Check List	2	4.7
Jo-Harri Window	1	2.3
MMPI	13	30.2
Personality Check List	1	2.3
Personality Orientation		
Inventory	3	7.0
PF-16	2	4.7
"Psychological"	2	4.7
Sach's Sentence Completion	4	9.3
Sentence Completion	1	2.3
Sociogram	2	4.7
Sociometric	3	7.0
SRA - Personality Test	1	2.3
Strong's . . .	1	2.3
T.S.I.	<u>1</u>	<u>2.3</u>
Total	43	100.0

Table 13
Primary Objectives in Non-Agenda Groups

Objective	Number	Per Cent
Increased awareness and understanding of self and others	47	34.8
Learning and experiencing group dynamics	22	16.3
Personal and/or professional growth	22	16.3
Development of honest communication	19	14.2
Self-actualization	6	4.4
Sharing of personal concerns	5	3.7
Others	5	3.7
Discussion of professional issues	3	2.2
Experiencing true community	3	2.2
Provide acceptance, confrontation, support	<u>3</u>	<u>2.2</u>
Total	135	100.0

Value for Student and Supervisor

Supervisors were requested to state what they considered the chief value of groups for the supervisor and for the student. Twenty-two supervisors stated the chief value in terms of such groups to be "helping the supervisor to know and/or understand the students." Eighteen supervisors said the chief value of such groups to the supervisor was in the "observation of students in an unstructured group situation." Six other categories of reported values are listed in Table 14.

Table 14
Chief Value of Non-Agenda Groups
For the Supervisor

Value	Number	Per Cent
Helps to know/understand the students	22	23.6
Observation of students in an unstructured group situation	18	19.4
Aids supervisor's professional/personal growth	15	16.1
Opportunity for relating/communicating with students	15	16.1
Valuable tool for teaching, evaluation (or supervision)	12	12.8
Other	5	5.4
Spreads responsibility for helping to students	4	4.2
Ego satisfying in assisting students	2	2.2
Opportunity to deal with students' projections	<u>2</u>	<u>2.2</u>
Total	93	100.0

The chief value of non-agenda groups for students lies primarily in two areas: (1) awareness and understanding of self and others (32.2 per cent), and (2) peer group interaction (27.8 per cent). Other values reported by the supervisors are found in Table 15.

Table 15
Chief Value of Non-Agenda Groups for Students

Value	Number	Per Cent
Awareness and understanding of self and others	29	32.3
Peer group interaction	25	27.8
Development of creative response to others	11	12.2
Support for a more mature life style	10	11.1
Reinforcement of other learning	5	5.6
Opportunity to be themselves	4	4.4
Person-centered rather than content-centered	3	3.3
Other	<u>3</u>	<u>3.3</u>
Total	90	100.0

Nine selected elements of CPE were rated by the supervisors according to their importance for Basic CPE students. Each element was rated separately according to its value: very important, important, doubtful value, unimportant, and very unimportant. Each response was given a numerical weight: very important = 5; important = 4; doubtful value = 3; unimportant = 2; very unimportant = 1. The weighted scores were summed to find the rank of the elements.

Student-patient relationships ranked as most important. Non-agenda groups and student-student relationships ranked second. Student-supervisor relationships ranked third and student supervisor conferences

ranked fourth. The rank of the other elements are shown below along with the number of supervisors responding to individual elements and the mean value of each element. (See Table 16.) Seven of the nine elements are rated as important or very important.

Respondents supplied 16 additional elements which they rated as either "important" or "very important." Included were the following: (1) structured reflections, (2) student-relationships; e.g. peer, wife, children, parents, (3) planning of future agenda, (4) interprofessional seminars, (5) written evaluations of clinical experiences, (6) non-verbal exercises, (7) group verbatim seminars, (8) students leading groups, (9) community-pastor relationship, (10) video-tape, (11) group involvement with residents, (12) developing stated goals, (13) sermon seminars, (14) surgery, birth, autopsy, (15) daily seminars which focus on patient-student, (16) clinical seminars. There were no duplications in the listing of these elements.

Table 16

Selected Elements Rated According to
Their Importance for Basic CPE Students

Element	Number	Mean Value	Rank Order
Student-Patient relationships	90	4.87	1
Non-agenda groups	89	4.82	2
Student-student relationships	90	4.82	2
Student-supervisor relationships	90	4.81	3
Student-supervisor conferences	91	4.74	4
Student-staff	91	4.51	5
Didactic seminars	91	4.08	6
Readings	91	3.84	7
Corporate worship of students	89	3.64	8

Authors and Therapeutic Models Influencing Supervisors

The supervisors were asked to list two authors and their major works which had influenced them the most in their present approach to non-agenda groups. Carl Rogers was mentioned most often, 27 times or 20.0 per cent. His most frequently mentioned work was On Encounter Groups (ten responses) and Client Centered Therapy (six responses). Four other works by Rogers were cited.

Eric Berne was second, receiving 12 responses or 8.9 per cent. W.R. Bion was third and William Glasser fourth.

A total of 135 responses were tallied. Forty-one different authors were listed only once, while the remaining 94 authors were listed by two or more supervisors. Included in the number 41 are four respondents who listed a former teacher or supervisor. Table 17 shows the number of times each author was listed.

The supervisors were also asked which therapeutic model had been the most influential on their approach to non-agenda group work; e.g., transactional analysis, reality therapy, sensitivity training, psychoanalysis, etc. Sixteen respondents or 18.1 per cent listed sensitivity training while 14 respondents, 15.9 per cent, listed reality therapy. Psychoanalysis and eclectic were each listed 12 times or 13.7 per cent. (See Table 18.)

Non-Agenda Group vs Group Therapy

Sixty-five respondents, or 71.4 per cent, felt non-agenda groups and group therapy were different. Twenty-one respondents, or 23.1 per cent said there was no difference. Five respondents or 5.5 per cent were uncertain. (See Table 19.)

Table 17

Authors Who Have Influenced Supervisors
In Their Present Approach to Non-Agenda Groups

Author	Number of Supervisors	Per Cent
Berne, Eric	12	8.9
Bion, W.R.	9	6.7
Bradford, Gill, and Benne	2	1.5
Cartwright and Zander	5	3.7
Driver, Helen	2	1.5
Glasser, William	6	4.4
Harris, Thomas A.	5	3.7
Howe, Ruel	2	1.5
Jung, Carl	2	1.5
Knowles, Joseph	2	1.5
Leslie, Robert	5	3.7
Mower, O.H.	2	1.5
Perls, Fritz	4	3.0
Rogers, Carl	27	20.0
Schutz, William O.	2	1.5
Shostrom, Everett	2	1.5
Stock and Thelen	2	1.5
Sullivan, H.S.	3	2.2
Authors listed only once	<u>41</u>	<u>30.2</u>
Total	135	100.0

Table 18

Therapeutic Models Which Have Influenced
Supervisors in Their Approach to Non-Agenda Groups

Models	Number	Per Cent
Sensitivity Training	16	18.4
Reality Therapy	14	15.9
Eclectic	12	13.7
Psychoanalysis	12	13.7
Other models mentioned only once	7	7.8
Reality and Sensitivity	5	5.7
Sensitivity and Psychoanalysis	4	4.5
Transactional Analysis	4	4.5
T. A. mixed with other models	3	3.4
T-Group	3	3.4
Client-Centered Therapy	2	2.2
Gestalt	2	2.3
Interpersonal Theory	2	2.3
Reality and Psychoanalysis	<u>2</u>	<u>2.2</u>
Total	88	100.0

A follow-up question was included in the questionnaire to determine why the supervisors had given their particular responses relative to non-agenda groups and group therapy. The most frequently stated difference between CPE non-agenda groups and group therapy were described in two categories: (1) the goal of CPE non-agenda groups

being personal growth and professional competence rather than therapy; (2) the focus of CPE non-agenda groups being on group action (inter-personal relationships) rather than on personal history or individual pathology. (See Table 20).

Table 19
Basic Difference Between
Non-Agenda Groups and Group Therapy

Responses	Number	Per Cent
Yes	65	71.4
No	21	23.1
Uncertain	<u>5</u>	<u>5.5</u>
Total	91	100.0

A rather even spread was noted in the factors listed by the supervisors as being common to non-agenda groups and group therapy. The two most frequently stated were: (1) both seek to improve emotional health; (2) both see self-awareness and self-understanding. (See Table 21.)

Referrals for Therapy

Table 22 indicates the availability of a professional therapist to whom students in Basic CPE may be referred for individual therapy and the number of such referrals made by the supervisors during the unit of Basic CPE described in their questionnaires.

Table 20

Factors Characteristic of Non-Agenda Groups Which
Distinguish Them From Group Therapy

Variables	Number	Per Cent
Goal		
Professional competence rather than eliminate personal pathology; therapy is a by-product, not goal	16	19.8
Personal growth; therapy is a by-product	9	11.1
No contract for therapy	1	1.2
Focus of Methodology		
Present interpersonal relationships, i.e. peers, patients, staff, supervisor, not personal history	10	12.4
Group action, not individual pathology dynamics	9	11.1
Emphasis is not on therapy	7	8.6
Less structure	5	6.2
Leadership		
Less directive	4	4.9
More involved	2	2.5
More directive	1	1.2
Initial Assumption and Contract		
Participant is relatively "healthy"	5	6.2
Motivation and condition of participation are different	3	3.7
Other	<u>9</u>	<u>11.1</u>
Total	81	100.0

Table 21
Factors Common to Non-Agenda Groups
and Group Therapy

Factors (Emphases)	Number	Per Cent
No answer	7	33.2
Both seek to improve emotional health	4	19.0
Both seek self-awareness and self-understanding	4	19.0
Techniques and results are the same	3	14.8
Both stress interpersonal relations	2	9.3
Both stress minimum structure	<u>1</u>	<u>4.7</u>
Total	21	100.0

GROUP LEADERSHIP

The third section of the questionnaire dealt with the leadership of non-agenda groups. Seventeen questions were included in this section. For the sake of clarity, two of these questions will be discussed in the next division of this paper.

Leadership Role

Data in Table 23 presents the leadership role of the supervisor in non-agenda groups in two forms: (1) types of leadership; (2) terms used to designate the leadership role.

A majority of the respondents, 48 or 52.8 per cent, described their leadership as being basically "participant-observer." Seventeen respondents or 18.7 per cent, described their leadership as being "per-

son-centered" (Rogerian). Thirty-five supervisors or 37.2 per cent, preferred the term "facilitator" in describing their leadership role in non-agenda groups. The second most frequently preferred term was "leader," which received 26 responses or 27.7 per cent.

Table 22

The Availability of A Professional Therapist
and the Number of Recent Referrals Made for
CPE I Students

Therapist Available	Number of Centers	Per Cent
Yes	81	87.1
No	9	9.7
Other	<u>3</u>	<u>3.2</u>
Total	93	100.0

Number of Referrals Made		
None	54	60.0
One	22	24.4
Two	6	6.7
Three	5	5.6
Four	2	2.2
Occasionally	<u>1</u>	<u>1.1</u>
Total	90	100.0

Table 23
Types of Leadership and Terms for Leadership Role

Type of Leadership	Number	Per Cent
Participant-Observers	48	52.8
Person-centered (Rogerian)	17	18.7
Ecclectic (or Combination)	8	8.8
Non-Directive	7	7.7
Terms listed only once	7	7.7
Directive	<u>4</u>	<u>4.4</u>
Total	91	99.0

Term for Leadership Role		
Facilitator	35	37.3
Leader	26	27.7
Other terms mentioned only once	14	14.9
Enabler	6	6.4
Participant-Observers	3	3.2
Facilitator and Enabler	2	2.1
Participant	2	2.1
Supervisor	2	2.1
Trainer	2	2.1
Member	<u>2</u>	<u>2.1</u>
Total	94	100.0

The primary function of group leaders is reported in Table 24. Twenty-two supervisors or 23.7 per cent, stated that "enhancing group process" was the primary function, while 21 supervisors or 22.6 per cent, favored the word "facilitating."

Table 24
Primary Function of Group Leaders

Function	Number	Per Cent
Enhancing group process	22	23.7
Facilitating	21	22.6
Giving direction to the group	11	11.7
Clarifying	8	8.6
Helping members assume group responsibility	7	7.5
Blank space	5	5.4
Encouraging, or protecting "weak" members	5	5.4
Serving as resource person for professional growth	5	5.4
Other functions mentioned	4	4.3
Providing focus for group feelings (positive and negative)	3	3.2
Being there	<u>2</u>	<u>2.2</u>
Total	93	100.0

A majority of the supervisors, 56 or 60.2 per cent, said they were always responsible for giving the students in their non-agenda

groups individual clinical supervision. Twenty-nine or 31.2 per cent said they usually assumed that responsibility. (See Table 25.)

Table 25

Leader's Responsibility for Giving Group
Members Individual Clinical Supervision

Leader's Responsibility	Number	Per Cent
Always	56	60.2
Usually	29	31.2
Seldom	3	3.2
Never	1	1.1
Other	<u>4</u>	<u>4.3</u>
Total	93	100.0

Contracts

In Table 26, contracts are classified by their terms and frequency of use. Thirty-six respondents or 38.7 per cent, indicated that they always use contracts; 29 respondents or 31.2 per cent, usually use such, while 15 respondents or 16.1 per cent seldom use a contract.

A total of 118 responses were used to describe the terms of such contracts. The most frequently stated terms were: "The purpose and goals of the group and interpersonal relations" (22 responses or 16.7 per cent). The second most frequently stated terms were time, place, and attendance (21 responses, or 15.9 per cent).

Table 26

Contracts Classified by Their Terms and Frequency of Use

Use of Contracts	Number	Per Cent
Always	36	38.7
Usually	29	31.2
Seldom	15	16.1
Never	9	9.7
Other	<u>4</u>	<u>4.3</u>
Total	93	100.0

Terms of Contract		
Purpose and/or goals of the group and interpersonal relations	22	16.7
Attendance, time and place	21	15.8
Blank space	18	13.6
Confidentiality	16	12.1
Responsible attitude toward group process and members	12	9.1
Students provide the agenda	9	6.8
Focus on here and now	7	5.3
Freedom to verbalize or remain silent	7	5.3
Focus on professional functioning	6	4.6
Function of leader	6	4.6
Other	5	3.8
No physical violence	<u>3</u>	<u>2.3</u>
Total	132	100.0

Use of A Co-Leader

Forty-eight supervisors or 51.6 per cent, said they seldom use a co-leader. Twenty-three or 24.7 per cent, indicated they usually use a co-leader. (See Table 27.)

Table 27
The Use of a Co-Leader in
Non-Agenda Groups

Frequency	Number	Per Cent
Always	2	2.2
Usually	23	24.7
Seldom	48	51.6
Never	17	18.3
Other responses	<u>3</u>	<u>3.2</u>
Total	93	100.0

Other Disciplines

The data in Table 28 indicates that most of the supervisors, 68 or 72.3 per cent, do not involve students from other disciplines in non-agenda groups. Twenty-four supervisors or 25.5 per cent, stated they did include students from other disciplines. Included among the 24 supervisors who replied as to whether or not such combinations were successful or not, 18 respondents or 75.0 per cent, felt they are usually successful. Students from 10 separate disciplines were listed as participants in non-agenda groups. Eight responses were classified as "other" because they represented a branch of a discipline (or profes-

Table 28
Involvement of Students from Other Disciplines

Variables	Number	Per Cent
Other disciplines involved	24	25.5
Other disciplines not involved	68	72.4
Other responses	<u>2</u>	<u>2.1</u>
Total	94	100.0

Disciplines involved		
Education	4	7.8
Guidance and counseling	2	3.9
Medicine	4	7.8
Nursing	5	9.8
Occupational therapy	1	2.0
Physical therapy	1	2.0
Psychology	11	21.6
Social work	13	25.5
Sociology	2	3.9
Branches of other disciplines	<u>8</u>	<u>15.7</u>
Total	51	100.0

Involvement successful		
Always	5	20.8
Usually	18	75.0
Seldom	1	4.2
Never	—	—
Total	24	100.0

sional title) rather than an individual discipline.

Nine of the respondents or 37.5 per cent indicated they usually used a co-leader from other disciplines. Eight respondents or 33.3 per cent, indicated they never use a co-leader from other disciplines. Fourteen respondents or 58.3 per cent stated the combination was successful enough to justify its practice again. (See Table 29.)

Table 29

The Use of a Co-Leader from Other Disciplines and
The Degree of Success Obtained

Variables	Number	Per Cent
Used a Co-Leader		
Always	2	8.4
Usually	9	37.5
Seldom	5	20.8
Never	<u>8</u>	<u>33.3</u>
Total	24	100.0

Combination Successful	14	58.3
Combination not successful		
Undecided	1	4.2
Space left blank	<u>9</u>	<u>37.5</u>
Total	24	100.0

Use of Audio/Video Equipment

The findings presented in Table 30 suggest that supervisors

Table 30
The Use of Audio and Video Equipment

Variable	Number	Per Cent
Tape-Recorded Sessions		
Always	3	3.3
Usually	4	4.4
Seldom	44	48.4
Never	<u>40</u>	<u>43.9</u>
Total	91	100.0

Video-Taped Sessions		
Always		
Usually	3	3.3
Seldom	25	27.5
Never	62	68.1
Other responses	<u>1</u>	<u>1.1</u>
Total	91	100.0

Purpose of Audio/Video Recordings		
Play back for review and evaluation of interaction with an individual or group	24	49.0
Training of supervisors	9	18.4
Self-use (for review and professional growth)	6	12.2
Teaching Aid	5	10.2
Other responses	3	6.1
Reference for later discussion	<u>2</u>	<u>4.1</u>
Total	49	100.0

make little use of audio and video equipment in their non-agenda groups. Forty respondents or 43.9 per cent, indicated that their sessions were never taped while 62 respondents or 68.1 per cent, indicated the same about video-taped sessions. The most frequently stated use of audio/video equipment was "to play back for review and evaluation."

Problems, Common Mistakes, and Qualities of Leadership

The data in Table 31 indicates that the two greatest problems for leaders of non-agenda groups are: (1) to balance objectivity and participation (20 responses or 22.2 per cent); (2) not having a conceptual framework as a basis for understanding group process and the leaders role (16 responses or 17.8 per cent).

There were 209 separate answers submitted. The three most frequently observed "mistakes of supervisors leading non-agenda groups" were: (1) forcing his own agenda and/or values upon the group (35 responses or 16.7 per cent); (2) being too directive (allowing the group to become too dependent upon the leader) (24 responses or 11.5 per cent); (3) too much or too little personal involvement (23 responses or 11.0 per cent). (See Table 32.)

The three qualities most frequently considered as basic in leading non-agenda groups were: (1) sensitivity (awareness of individual and group dynamics within each group setting) (28 responses or 11.1 per cent); (2) openness, honest personal involvement or willingness to risk self (24 responses or 9.6 per cent); (3) personal security (19 responses or 7.6 per cent). (See Table 33.)

Table 31

Problem Areas for Leaders on Non-Agenda Groups

Problem Area	Number	Per Cent
To balance objectivity and participation	20	22.3
Not having a conceptual framework as a basis for understanding group process, and the leaders' role	16	17.8
Wanting to control the group or assume too much leadership	10	11.2
Education focus vs therapy	9	10.0
Leader not understanding his own personality	9	10.0
Allowing extreme emphasis upon either feeling area or intellectualizing	5	5.6
Being too directive or too passive	4	4.4
Not respecting the life style of the members and assisting them at their own pace	4	4.4
Difficulty in defining roles and purpose of the group	3	3.3
Students challenge of leader's authority	3	3.3
Getting side-tracked onto less useful topics	2	2.2
Time and energy	2	2.2
Other responses	<u>3</u>	<u>3.3</u>
Total	90	100.0

Table 32
Common Mistakes Observed in Supervisors' Leadership

Mistake	Number	Per Cent
Forcing his own agenda (and/or values) upon the group	35	16.7
Being too directive (allowing the group to become too dependent upon the leader)	24	11.5
Too much or too little personal in- volvement	23	11.0
Being too passive (providing too little direct leadership)	16	7.6
Talks or teaches too much	11	5.3
Inappropriate interpretation (too little, too much, or simply poor)	8	3.8
Playing "role" e.g. leader, therapist (professionalism)	8	3.8
Too much or too little confrontation	7	3.3
Avoiding (and/or inability to handle) feeling area	6	2.9
Lack of coherent theory (and practice) of leadership, group and personality dynamics	6	2.9
Poor timing	6	2.9
Too much or too little attention given to an individual member	6	2.9
Unaware of others; e.g. insensitive, poor diagnostic perception, not listening	6	2.9
No contract established (or poor use)	5	2.4
Personal insecurity	5	2.4

Table 32 (Continued)

Common Mistakes Observed in Supervisors' Leadership

Mistake	Number	Per Cent
Unaware of Self, e.g. counter transference, projection	5	2.4
Unsuccessful termination, e.g. failing to resolve issues, breaking but not putting back together	4	1.9
Failing to allow group to struggle	3	1.4
Lack of clarity regarding objectives and purpose of the group	3	1.4
Too much therapy	3	1.4
Too much or too little support provided	3	1.4
Anti-church kick (turning group process into religion)	2	1.0
Errors in screening and selection of group members	2	1.0
Ignoring theological and/or intellectual concerns	2	1.0
Psychologically unstripping members (too much opened-up or shared)	2	1.0
Other responses	<u>8</u>	<u>3.8</u>
Total	209	100.0

Table 33
Qualities Needed For Leadership

Qualities	Number	Per Cent
Sensitivity - awareness of individual and group dynamics within each group setting	28	11.1
Openness, honest personal involvement - willingness to risk self	24	9.6
Personal security	19	7.6
Self-awareness, understanding, and acceptance	18	7.2
Trust in group process	18	7.2
Ability to confront with support, provide acceptance with firmness	17	6.8
Competence in helping group establish contract, goals, focus, and movement; good use of technique	17	6.8
Theoretical understanding of human personality and group dynamics	15	5.8
Commitment, genuineness, and responsibility	12	4.8
Appropriate patience and impatience	11	4.4
Clarity of personal, pastoral, and leadership identity	11	4.4
Emotional freedom, flexibility, and spontaneity	11	4.4
Good timing of interaction and/or direction	10	4.0
Being qualified by proper training experience	9	3.6
Respect of student's personhood	8	3.2

Table 33 (Continued)
Qualities Needed For Leadership

Qualities	Number	Per Cent
Ability to help students assume responsibility of listening, focusing, and properly interpreting group interaction	7	2.7
Being appropriately objective and/or subjective	6	2.4
Ability to listen	5	2.0
Sense of humor	3	1.2
Other responses	<u>2</u>	<u>.8</u>
Total	251	100.0

STUDENTS AND NON-AGENDA GROUPS

The two tables in this section present data focused on the students participating in Basic CPE.

Students Provided with Bibliography

Fifty-seven respondents or 60.6 per cent indicated they do not provide a bibliography in Basic CPE, while 36 respondents or 38.3 per cent answered affirmatively. (See Table 34.)

Students Taught to Lead Non-Agenda Groups

Most of the respondents, 50 or 53.2 per cent, indicated that their students were not taught how to lead non-agenda groups. Twenty-six respondents or 27.7 per cent, indicated that their students were given such instruction. (See Table 35.)

Table 34
Bibliography on Non-Agenda Groups Provided

Response	Number	Per Cent
Yes	36	38.3
No	57	60.6
Other response	<u>1</u>	<u>1.1</u>
Total	94	100.0

Table 35
CPE I Students Taught How to Lead Non-Agenda Groups

Response	Number	Per Cent
Yes	32	34.1
No	59	62.7
Other responses	<u>3</u>	<u>3.2</u>
Total	94	100.0

BASIC CPE SUPERVISORS

The tables in this section present personal data on the supervisors of Basic CPE, including their age, highest degree and special training in leading non-agenda groups.

Age

Most of the supervisors are between the age of 36 and 50. There was a fairly even spread of respondents in the following three age brackets: (1) 36-40; (2) 41-45; (3) 46-50. (See Table 36.)

Table 36
Supervisors Classified by Their Present Age

Present Age	Number	Per Cent
31-35	9	9.8
36-40	20	22.0
41-45	20	22.0
46-50	21	23.1
51-55	16	17.6
56-60	2	2.2
61-over	<u>3</u>	<u>3.3</u>
Total	91	100.0

Degrees

For 34 respondents (37.3 per cent) their highest degree was the first theological degree, e.g., B.D. or M.Div. Twenty-eight respondents or 30.8 per cent, stated that their highest degree was the second theological degree, e.g., Th.M. or S.T.M. Thirteen respondents, 14.3 per cent, stated their highest degree was the first graduate degree, e.g. M.A. or M.Ed. Three respondents or 3.3 per cent, listed their highest degree in terms of a third theological degree, e.g., Th.D.

or S.T.D. Five respondents or 5.5 per cent, listed their highest degree in terms of a second graduate degree, e.g. Ph.D. (See Table 37.)

Table 37
Supervisors Classified by Highest Earned Degree

Degree	Number	Per Cent
First theological degree	34	37.3
Second theological degree	28	30.8
Third theological degree	3	3.3
First graduate degree	13	14.3
Second graduate degree	5	5.5
No answer	3	3.3
Other responses	<u>5</u>	<u>5.5</u>
Total	91	100.0

Training

Most of the supervisors, 57 or 60.6 per cent, stated they had received special training in leading non-agenda groups. Thirty respondents, 52.6 per cent, out of the 57 respondents who had received special training, described their training as having been in situations other than CPE, e.g. labs, workshop and graduate courses. Table 38 presents the frequency of such special training and its type.

Table 38
Supervisors Classified According to Their
Training for Group Leadership

Variable	Number	Per Cent
Special training received-	57	60.6
Special training not received	35	37.2
No response	<u>2</u>	<u>2.2</u>
Total	94	100.0

Type of Training		
Training other than CPE, e.g., labs, workshops, graduate courses, etc.	30	52.6
CPE IV training	22	38.6
Personal involvement in groups	<u>5</u>	<u>8.8</u>
Total	57	100.0

CHAPTER V

IMPLICATIONS FROM ANALYSIS OF DATA

CPE supervisors appear to be in general agreement as to the value and use of non-agenda groups in Basic CPE. The questionnaire mailed to the 196 supervisors contained 48 separate questions, 43 of which requested the opinion of the supervisors on various issues related to the use of non-agenda groups in Basic CPE. Results of the survey revealed a high level of agreement among the supervisors on 24 of the questions while apparent disagreement was indicated on 12 of the questions. The response of the supervisors on seven of the questions implied marginal agreement/disagreement. This chapter will examine the implications of that data. References will be made to other works in an effort to maintain a better perspective on the issues being considered.

GROUP DESCRIPTION

The supervisors who participated in this study indicated a high level of agreement in the following areas: (1) number of groups being conducted concurrently, (2) types of groups offered, (3) number and sex of members in each group, (4) total number of weeks spent with each group, (5) average time in each session and (6) the number of days per week spent with each group. Disagreement was noted in the total number of sessions spent with each group and the descriptive

titles (names) given to the groups.

Most of the supervisors offer only one (numerically, as well as type) non-agenda group in Basic CPE. (See Table 3.) The group most frequently described by the respondents had from five to six members. (See Table 6.) This is in line with the traditional emphasis of CPE which has encouraged the practice of having only six students per supervisor.¹ Since most supervisors seldom, if ever, use a co-leader in their groups (see Table 27), it is not surprising to find evidence of this size group in most centers.

Most non-agenda groups meet for eleven to twelve weeks (see Table 8), which follows the pattern used by most of the centers offering full-time units of Basic CPE. This study did not include the computation of part-time units, e.g. the 16-30 program used by some centers. An investigation of those programs and their use of non-agenda groups would no doubt be rewarding. While most of the supervisors indicated a uniform practice relative to the length of group sessions, one and one-half hours, they indicated disagreement on the number of days per week sessions were held, as well as the total number of sessions conducted. (See Tables 8 and 9.).

The literature and the survey revealed a diversity of opinion among the supervisors concerning the name for CPE non-agenda groups. Of the 101 name entries listed by the supervisors participating in the survey, there were 42 different names submitted. (See Table 4.) A variety of titles is sometimes noted in a single CPE center where

¹Ernest Bruder and Marian L. Barb, "A Survey of Ten Years of Clinical Pastoral Training at Saint Elizabeths Hospital," The Journal of Pastoral Care, 10:87, Summer, 1956.

different supervisors refer to their groups by different names. Lohrmann observed such a situation at St. Elizabeths Hospital, Washington, D.C.

The variety of titles attached to the student group seminar described above suggests the varied kinds of emphases chaplain-supervisors attach to peer-group seminars in clinical pastoral training programs. Sometimes the seminar is called "group dynamics seminars," or "student concerns seminar," or "professional identity concerns seminars." The variety of titles suggests a need to examine further the functions and goals of the peer-group experience in clinical pastoral training.²

GROUP PHILOSOPHY AND GOALS

The survey indicated that participation in non-agenda groups is usually a required part of Basic CPE (see Table 10), and that the use of group methods is remaining constant. (See Table 11.) Out of 120 respondents (see Table 2), only three, or 2.5 per cent, indicated that they did not use non-agenda groups in their programs. That emphasis was supported in another part of the survey where the supervisors rated non-agenda groups second only to student-patient relationships in their importance to Basic CPE students. (See Table 16.) In light of the strong emphasis now being given to non-agenda groups by the supervisors, their group philosophy and goals will be discussed.

Most of the supervisors involved in this study do not use a testing program in their non-agenda groups. (See Table 12.) That fact is interesting when one considers the previous efforts to promote such.³ One reason for the absence of such testing programs might be

²Enno K. Lohrmann, "A Study of Some Factors in Supervision in Clinical Pastoral Training - With Special Reference to St. Elizabeths Hospital, Washington, D.C. (Unpublished Doctor's dissertation, The Catholic University of America, 1966), p. 26.

³Supervisors like Kenneth Reed, William Ramsden, Emil Hartl, et al., have made attempts to understand the use of testing in a CPE setting.

the discouragement of supervisors in finding a reliable, yet easy to use, tool. The debate over whether or not change occurs in those who participate in CPE programs has been centered on the testing instrument used to measure such change. Johnson indicates that tests with established norms of reliability have shown no significant changes in students involved in CPE. He notes that such tests are designed to measure relatively deep character changes such as might be expected as a result of psychotherapy. According to Johnson, those studies which have reflected increased self-understanding and personal growth have not had statistically adequate reliability and validity.⁴ One might imply from these statements that a current need exists for the development of better (or more appropriate) instruments to measure what happens to a student in CPE, where a sensitive instrument is needed if it is to measure change occurring during a relatively short period of time.

Supervisors appear to be in general agreement on the objectives and values of non-agenda groups. Various terminology was used to describe objectives and values, however, in a majority of cases the statements were merely descriptions of "different sides of the same mountain." The primary objective of non-agenda groups and their value to students might be summed up in terms of "personal growth, or increased awareness and understanding of self and others." (See Tables

⁴John R. Johnson, "Perceptions of Pastoral Counseling Among Seminary Students: A Study of Changes in Role Perception in Relation to Clinical Pastoral Education" (unpublished Doctor's dissertation, Union Theological Seminary, 1966), pp. 37-73; cited by James S. Ford, "Clinical Pastoral Education and the Seminarian's Conscious Perception of His Vocation" (unpublished Doctor's dissertation, The Iliff School of Theology, 1968), pp. 46-47.

13, 15.) The overall value of non-agenda groups for the supervisor appears to be in better understanding of and communication with the students (see Table 14), however, a strong consensus was not reached by the supervisors. The words "self-awareness" and "self-understanding" have long been an issue in CPE literature. Several studies have called for better definitions of such words, in investigations of other aspects of CPE.⁵ The work of Young in this area has possible implications for CPE non-agenda groups.

Young observes that it has been assumed for too long that increased knowledge of the self, and of the self in relationship to others will lead by some psychological magic to better interpersonal relationships. His findings suggest that the relationship between increased knowledge and the quality of interpersonal relationships involves the aspect of valuing the self as an important variable.

This is suggested because: (1) those who feel positively toward themselves do not necessarily have better relationships with others since they may be reacting to a more basic negative evaluation of the self and (2) those who understand themselves intellectually do not necessarily feel better toward themselves or others, since they may weigh the negative side of themselves over much. Rather than bringing the ideal self closer to the real self and thus reducing the discrepancy between the two thereby increasing "adjustment," increased self-understanding may lower the feelings of the real self and leave the ideal self at an unrealistically high point, thus increasing the discrepancy between the two and

⁵For example: Ernest Bruder and Marian Barb, "A Survey of Ten Years of Clinical Pastoral Training at St. Elizabeths Hospital," Journal of Pastoral Care, 10:94, Summer, 1956; Lewis C. Young, "The Relationship of Self-Acceptance to Acceptance of Others" (unpublished Doctor's dissertation Ph.D., Boston University, 1965), p. 195; Paul R. Swanson, "Some Effects of Clinical Pastoral Education on a Group of Theological Students and Pastors" (unpublished Doctor's dissertation, Boston University, 1965), pp. 170, 185.

thereby increasing "maladjustment."⁶

Young feels that self-understanding is helpful when it is accompanied with a value perspective which enables the subject to be open to the negative within himself and value himself in spite of what he sees. He notes that clinical programs for the minister have a unique advantage at this point in making use of the rich Christian tradition which stresses the dignity and worth of the individual before God and man. God's acceptance and forgiveness of man as a sinner are concepts well suited to helping the person who is growing in self-understanding to see himself as of value and worth even as he grows in awareness of both the good and the bad within himself.

Rather than concentrating just on helping the student understand himself in relationship to others, CPT could well help the student see himself within the Christian context of life and thus provide not only new awareness but also a system of positive values within which the new understanding could be oriented.⁷

Respondents were asked to rate nine selected elements according to their importance for Basic CPE students. Student-patient relationships was first with a mean value of 4.87; non-agenda groups and student-student relationships both had a mean value of 4.82; student-supervisor relationships was next with a mean value of 4.81. (See Table 16.) In light of such a narrow spread in mean values among the top four elements, it seems fair to conclude a basic unity exists among supervisors. Such a conclusion might be supported by the fact that all of the elements were rated as being either very important or important.

It is interesting to note that McLocklin asked a similar ques-

⁶Young, op. cit., p. 179.

⁷Ibid., pp. 179-181.

tion in a survey conducted in 1967.⁸ His findings indicated that student-patient relationships and student-supervisor relationships were clearly the number one and number two choices as the most crucial elements in CPE. Student-student relationships were listed in third place. Non-agenda groups, didactic seminars, student-staff relationships were all listed in fourth place. Since the research design of McLocklin's study and this study differ, any conclusions at this point would be unfounded, however, a brief comparison might indicate a trend, or shift of emphasis by supervisors in regard to the top four elements mentioned above. Such a comparison might also reveal a form of stability within CPE in that the same four elements are still considered the most important in CPE.

Apparently, the corporate worship of students is the least important element -- of the nine included in the questionnaire -- in the opinion of the respondents. This finding parallels the near absence of references to the corporate worship of students in CPE literature. Swanson observes that it is often easy for a supervisor to so emphasize the interpersonal relationship of man to man that he overlooks the spiritual dimension of man to God. He thinks that clinical pastoral students should be confronted with two related questions: (1) how does the Holy Spirit work? and (2) how is the grace of God imparted as a pastor works with his fellowman? "We remember that God revealed Himself in history in and through human nature and inter-

⁸Boyd S. McLocklin, "A Study of the Theory and Practice of Supervision in Clinical Pastoral Education" (unpublished Master's thesis, Southern Baptist Theological Seminary, 1967), pp. 4, 5, 75.

personal relationships."⁹

It is not uncommon to hear Basic CPE students request some form of prayer, especially in a group setting, or at least question its absence, if indeed it is absent. No doubt, there are many cases where such a request is grounded upon correct motives and genuine needs. There is also the possibility that a frustrated and insecure student may unconsciously want to use prayer or some other form of worship to avoid genuine encounter with his peers or the supervisor. In either case, the supervisor should have a rationale for the absence or presence of such worship in his program. Knowles speaks to the question by saying:

Our objectives in CPE are aimed at helping the student to enter depth relationships of communion with persons. I wonder if we have an equal awareness and concern for the deepening of his relationship or communion with God? God meets the student at the bedside of the patient and some group sessions take on an experience of worship. God is there and is sometimes recognized, whether we ascend to the heavens, descend into hell, or flee to the uttermost parts of the earth. But I hear students asking for a more formal structure of corporate worship in which the Word and the Spirit of God search them and restore them to the sustaining ground of their being. I would therefore make it an objective of CPE to give attention in the CPE setting to the relationship of communion with the Other Person as well as with other persons.¹⁰

There appears to be a great lack of consensus among supervisors as to authors and therapeutic models influencing them in their present approach to non-agenda groups. Several findings imply such a

⁹Paul R. Swanson, "Clinical Pastoral Education in the Institute of Pastoral Care" (1959 Fall Conference, Chaplain Supervisors, Institute of Pastoral Care), p. 8.

¹⁰Joseph W. Knowles, "Objectives of Clinical Pastoral Education," Trends in CPE, Objectives - Methods - Standards, Proceedings of the Seventh National Conference on Clinical Pastoral Education (1960), pp. 104, 105.

trend: Of the 135 separate entries made by respondents to a question seeking the names of authors influencing them in their present approach, 41 different authors were listed only once, nine were listed only twice, and the remaining 76 were listed more than twice. Twenty-two supervisors left the question unanswered. Carl Rogers was mentioned most often, i.e. 27 times or 20.0 per cent, which can hardly be interpreted as having an overwhelming influence. (See Table 17.) These findings may imply that: (1) Supervisors as a professional group tend to be individualistic or eclectic, i.e. taking their models from various sources rather than one or two; (2) Various authors appeal to the needs and interests of supervisors working with non-agenda groups; (3) Supervisors may be influenced mostly by former supervisors, not authors, as four respondents indicated in the survey.

A lack of consensus is also observed in relation to therapeutic models influencing supervisors in their group work. Sensitivity training, reality therapy, psychoanalysis, and eclectic received a rather even spread in the number of responses. (See Table 18.) Statements such as "T.A. mixed with other models" or "reality and psychoanalysis" could be added to the category of eclectic, making that category the most frequently listed. Thus, the eclectic approach to group work appears to be a substantial factor in understanding CPE supervisors' approach to groups.

The debate over therapy vs training in CPE was a very live subject in the literature of the 1950's. Great advances were made toward understanding the issues involved. Since that time, many supervisors, no doubt have felt that the debate was over. The results of this survey have indicated, however, that there may still be a debate

in the minds of some supervisors and the need for more discussion of the subject. Sixty-five supervisors or 71.4 per cent, indicated there is a basic difference between non-agenda groups and group therapy. Twenty-one supervisors or 23.1 per cent, said there is no difference. Five supervisors or 5.5 per cent, indicated they were uncertain. (See Tables 19, 20, 21.)

Considering the authors listed by the respondents in the survey (see Table 17), it appears that CPE supervisors have drawn heavily from other disciplines and their authors in arriving at their various philosophies of and/or approaches to non-agenda groups. A brief review of the historical development of related group movements, i.e., group psychotherapy, T-groups and the laboratory movement, the encounter group movement, the small group movement in the church and CPE non-agenda groups reveal evidence of cross-fertilization among these movements. Evidence was presented earlier in this work that indicated the difficulty of defining group therapy and the fact that it has become a movement with multi-methods and purposes.¹¹ The same could be said for the T-group movement.¹² Statements were found in CPE group therapy.¹³ It may well be that the issue of "therapy" vs. training" has once again become a debatable subject for some CPE supervisors because of recent discussion (debate) between various exponents of the encounter group movement and group psychotherapy.

¹¹See Harper, Chapter II, pp. 13-15.

¹²See Gottschalk and Pattison, Chapter II, pp. 16-17.

¹³See Fairbanks discussion, Chapter III, pp. 46-47.

Whatever the reason, the lines of distinction between CPE non-agenda groups and group therapy now appear to be blurred for some supervisors.

Most of the literature on the subject during the 1950's and 1960's indicated that therapy is a by-product of the group experience, not a goal. The same conclusion could be reached by reviewing the literature on supervision, in light of the therapy vs training debate. In his study of supervision, McLocklin cited authorities on both sides of the issue, and their arguments for therapy or training.¹⁴ He observed that many of the most lively debated issues were concerned with (1) the language used to express or describe such activities; (2) the responsibility of the supervisor in certain circumstances. In regard to the latter, McLocklin felt that a consensus was beginning to emerge:

First, it is recognized that a CPE experience is an anxiety-producing experience. Second, it is accepted that the job of the supervisor is to work creatively with the student's anxiety and help the student learn to manage it. To accept a student into an anxiety-producing situation and not help him work with his anxiety would be irresponsible. Third, if a student's feelings become so intense that he cannot function adequately in his clinical work, he should be aided in getting therapeutic help. And fourth, there is growing unanimity in the feeling that the seminary is at least co-responsible, if not primarily responsible, for making therapy available to those students who need it.¹⁵

The above statements could generally be applied to the literature on non-agenda groups.

In regard to the language problem (or semantics) it should be noted that for many group therapy is an emotionally loaded expression. In describing the events which transpire in a typical non-

¹⁴McLocklin, op. cit., pp. 44-51.

¹⁵Ibid., pp. 49, 50.

agenda group, many CPE writers have used psychoanalytic terminology, which may have been the source of alarm for some. Swanson, for example, describes the "non-structured interpersonal group" in the following manner:

Over a period of time as the group members' inhibitions and personal restraints were lowered, some of their previously suppressed and repressed feelings found expression. It often takes many sessions in which there is movement in the direction of an increasing freedom of expression before individuals come to levels of interpersonal encounter at which it is possible for them to bring out their deeper feelings. In the process, by way of transference and identification, they project onto the leader and peers, mainly by unconscious association, feelings they have had with important figures in their past experiences. The consequent group interaction and expression serves a cathartic function. A goodly amount of negative feeling may be expressed. As this goes on, the peer rejection may progressively increase until certain of these feelings tend to be worked through. It is then that the members become increasingly able to express some of their warmer feelings toward each other. Although the emphasis of the group is didactic, the process of the group tends to involve the above therapeutic aspect.¹⁶

Swanson stresses that the group process described above need not be group therapy, in that there is not a direct focus upon the analysis of the transference and identification associations and relationships as would lead to the specific goal of insight. He felt that such a process could occur in such groups even though the main emphasis was didactic.¹⁷

In spite of the various distinctions between non-agenda groups and group therapy, another important element needs to be noted. CPE is a movement. Its definitions and tools have not remained static.

¹⁶Paul R. Swanson, "Some Effects of CPE on a Group of Theological Students and Pastors" (unpublished Doctor's dissertation, Boston University, 1962), p. 133.

¹⁷Ibid., p. 134.

It has been observed that CPE has gradually shifted from its earliest education-centered goals to now include emphasis on the students' personal needs.¹⁸ As early as 1952 (Belgum) and 1956 (Oates), improved personal adjustment in the theological student was listed as a major goal of CPE.¹⁹ Tucker discusses the need of such growth in relation to the student clarifying his personal identity.²⁰ Thornton recalls that a consensus was reached at the Seventh National Conference on CPE (1960) on the issue of offering basic psychological education to seminarians, which seeks the human development of the student. It employs educational means (as distinct from psychiatric means) to promote growth toward emotional and spiritual maturity. Thornton describes growth objectives in terms of expanding awareness of self, others, the universe, and God; growth toward authenticity in one's feeling experience and the flexibility needed to enjoy intimacy or to maintain distance in relationship with others; growth toward a constructive resolution of the "authority problem" so that one becomes secure in his authority over others without abdicating or becoming authoritar-

¹⁸Kenneth W. Wanberg, "The Expectations and Realizations of Clinical Pastoral Training" (unpublished Doctor's dissertation, Iliff School of Theology, 1962), pp. 23-103, cited by James S. Ford, "Clinical Pastoral Education and the Seminarian's Conscious Perception of His Vocation" (unpublished Doctor's dissertation, Iliff School of Theology, 1968), p. 36.

¹⁹Wayne Oates, "Goals of Clinical Pastoral Education," *Clinical Education for the Pastoral Ministry* (Massachusetts: Institute of Pastoral Care, Fall Conference, 1956), pp. 36-37; David Belgum, Clinical Training for Pastoral Care (Philadelphia: Westminster, 1952), pp. 130-131.

²⁰Grayson L. Tucker, Jr., "A Group Process for the Professional Development of Seminarians" (unpublished Doctor's dissertation, Southern Baptist Theological School, 1970), pp. 9, 10.

ian; growth toward identity and the freedom to commit oneself to persons and groups in mutually fulfilling ways.²¹

In 1968, Ford observed that CPE now includes both educational and therapeutic goals. CPE provides experience conducive to vital student involvement. Thus, it aims at giving pastoral skills and insights as well as emotional maturation to the students.²² The shift of emphasis in CPE may be a significant factor in the apparent confusion of some supervisors on purpose/scope of non-agenda groups.

Two means of helping resolve the confusion over the issue of therapy are suggested. First, a better understanding of the word "therapy," perhaps in operational terms, might be helpful. Some CPE supervisors may need guidelines in understanding the differences and similarities between the therapeutic aspect of personal growth, compared to clinical therapy. Second, some supervisors may need more exposure to literature discussing the differences and similarities between group training and group therapy.²³

²¹Edward E. Thornton, Professional Education for Ministry (Nashville: Abingdon Press, 1970), p. 174.

²²James S. Ford, "Clinical Pastoral Education and the Seminarian's Conscious Perception of His Vocation" (unpublished Doctor's dissertation, Iliff School of Theology, 1968), p. 37.

²³A partial listing of helpful works in this area includes the following:

James S. Ford, *Ibid.*, pp. 35-37, 46.

A.H. Dreyer, Jr., "Group Training vs Group Therapy: A Challenge in Truth," Group Psychotherapy, 11:46-49, March, 1958.

Robert R. Blake, "Group Training vs Group Therapy," Group Psychotherapy, 10:271-276, December, 1957.

Arnd Hollseg, "The Dialogue Between Group Dynamics and Interpersonal Theology," Journal of Pastoral Care, 18:13-22, Spring, 1965.

Albert W. Silver, "Interrelating Group-Dynamic, Therapeutic, and Psychodynamic Concepts," International Journal of Group Psychotherapy, 17:139-150, 1967.

J.D. Frank, "Training and Therapy," T-Group Theory and Labor-

GROUP LEADERSHIP

Nineteen questions in the instrument attempted to gather data on the leadership of non-agenda groups. The respondents indicated agreement on ten questions, disagreement on five, and a marginal response on three. It should be remembered that the supervisors' philosophy and goals of CPE non-agenda groups will greatly influence various aspects of their leadership role.

The supervisors' were in agreement on (1) the leader being responsible for the clinical supervision of students in his non-agenda group (see Table 25), (2) the active use of contracts (see Table 26), (3) the seldom use of a co-leader (see Table 27), (4) the near absence of group involvement by students from other disciplines (see Table 28), (5) the success of that involvement when it did occur (see Table 28), (6) the seldom use of co-leader from other disciplines (see Table 29), (7) the seldom use of audio and video equipment (see Table 30), (8) on not providing Basic CPE students a bibliography on non-agenda groups (see Table 34), (9) nor teaching them to lead non-agenda groups (see Table 35), and (10) type of leadership, which was described as participant-observer. (See Table 23.) Some respondents indicated the use of such a bibliography and the training of non-agenda group leaders in Advanced and Supervisory CPE.

There was substantial disagreement indicated in the areas of (1) term for leadership role, e.g. leader, trainer, facilitator, etc.

atory Method: Innovation in Re-Education (New York: John Wiley and Sons, 1964), pp. 442-451.

H.B. Peck, (ed.), Symposium on Approaches to Training Through the Small Group, International Journal Group Psychotherapy, 17:419-425, 1967.

(see Table 23), (2) the primary function of the group leader (see Table 24), (3) which disciplines had been included in CPE non-agenda groups (see Table 28), (4) problem areas for group leaders (see Table 31), (5) common mistakes observed in other supervisors leading non-agenda groups (see Table 32), and (6) qualities needed in such leadership. (See Table 33).

Parloff has noted absence and need of a screening device for group leaders within the encounter group movement.²⁴ The contrast of accreditation procedures for CPE supervisors and that of "trainers" (group leaders within the encounter group movement) is no minor detail. The quality and complexity of CPE supervisors accreditation is certainly no guarantee of expertise in group leadership, however, that process must certainly be considered in evaluating that leadership.

The diversity of opinion expressed by the supervisors in some areas of group leadership should not be considered a weakness. In fact, such diversity of opinion may be considered a genuine strength of both CPE and non-agenda groups. Even though the respondents appeared more divided in the area of leadership than in other areas, e.g. philosophy or group description, they still indicated a basic consensus.

Swanson states that the structure and goals of a group are partially dependent upon the supervisor, his person and capabilities.²⁵ No doubt, more needs to be said on the importance of the supervisor and his effect upon CPE non-agenda groups. A lack of research in this area has been realized in the process of conducting this study.

²⁴See Parloff, Chapter II, pp. 22-23.

²⁵See Swanson, Chapter III, pp. 51-52.

THE SUPERVISORS OF BASIC CPE

It was found in this study that the most common age of CPE supervisors was between 36-50, with a nearly equal number of persons in the categories of (1) 36-40, (2) 41-45, and (3) 46-50. (See Table 36,) A sharp decrease was noted in the number of supervisors under 36. Perhaps there is need to question the trend of older supervisors not encouraging the accreditation of younger men, if that is the case. Is it possible that the same quality of man could be accredited as supervisor in a less demanding accreditation process?

The highest degree held by most supervisors is the first theological degree, e.g. B.D., or M.Div. This was an expected finding considering the requirements for supervisory accreditation. A high percentage, however, were found to have second theological degrees. (See Table 37.)

Most of the supervisors indicated that they had received special training in "leading" non-agenda groups, which in most cases meant training other than CPE work, e.g. labs, workshops, and graduate courses. (See Table 38.) More research on the exact nature of that training is needed. Such findings would provide needed data for better understanding the impact of other group movements upon CPE non-agenda groups.

RESPONSE TO THE SURVEY

As indicated in Table 2, there were 120 responses returned out of 196 questionnaires mailed out, which is a 61.2 per cent return should be considered high. Many of the questions were open-ended and thus required a great deal of time in answering. (See Appendix B for a copy of the questionnaire.) It is interesting to note that 79 supervisors or 84.0 per cent, signed the questionnaire. Twenty-nine supervisors, or 30.9 per cent, included extra comments at the end of the questionnaire. Of the 29 supervisors who added extra comments, nine supervisors, or 32.1 per cent, gave favorable comments concerning the questionnaire, or requested a copy of the results. Only two supervisors gave negative comments concerning the questionnaire. These facts might indicate a wide-spread interest in the subject of non-agenda groups. Such might also confirm the idea that CPE supervisors are interested in research, and are willing to help in projects which they consider worthy of their time and effort.

CHAPTER VI

SUMMARY AND RECOMMENDATIONS

The purpose of this study has been to examine the philosophy and practice of CPE supervisors in their use of non-agenda groups. Chapter I described the need, limitations and methodology of this research. The historical development of related group movements was discussed in Chapter II, including: group psychotherapy, T-groups and the laboratory movement, the encounter group movement, small groups in the church and CPE non-agenda groups. Chapter III provided a survey of the literature on CPE non-agenda groups. A questionnaire was mailed to 196 CPE supervisors as part of the research. The analysis of data received in that survey was presented in Chapter IV. The implications of this study were discussed in Chapter V. This chapter will present a summary of this study and recommendations which may be drawn from the data gathered and presented in the other chapters.

SUMMARY

The justification of this study is based primarily upon the lack of formal research in the area of CPE non-agenda groups. Former research on the subject has been limited almost entirely to the study of particular non-agenda groups in particular settings. This study has approached the subject from a general or theoretical point of view, on the following hypotheses: (1) that the theoretical base of non-

agenda groups being conducted in CPE settings was rather vague; (2) that CPE supervisors were limited in knowing what other CPE supervisors were doing in the area of non-agenda groups. The methods of research used in the study included (1) a literature search, and (2) a questionnaire, which was mailed to 196 supervisors.

The historical development of related group movements, including group psychotherapy, T-groups and the laboratory method, the encounter group movement, small groups in the church, and CPE non-agenda groups, revealed evidence of cross-fertilization, common assets and liabilities. These movements also share the strengths and weaknesses of controversy; e.g., training vs. therapy. The possible influence of pietism upon these movements was briefly discussed. In spite of their differences, these group movements show greater evidence of similarities.

The survey of literature on CPE non-agenda groups indicated several trends or findings: (1) non-agenda groups remain a central part of the CPE experience, being highly valued by students and supervisors; (2) values such as better self-understanding, interpersonal effectiveness, and insight into group dynamics appear to be stable contributions of CPE non-agenda groups; (3) various testing programs have been tried with limited success; (4) there is evidence that the training vs. therapy debate is still unsettled in the minds of some supervisors; and (5) there is evidence a limited number of experimental approaches to the CPE group experience is now being utilized by some supervisors.

The survey revealed the following areas of agreement among CPE supervisors: (1) the number of groups being conducted concurrent-

ly was only one in most cases; (2) types of groups offered; (3) number of group members usually being 5 - 6 in each group; (4) primarily male membership; (5) spending 11 - 12 weeks with each group; (6) sessions usually lasting an hour and one-half; (7) required participation of students in non-agenda groups; (8) emphasis on non-agenda groups remaining constant; (9) absence of testing programs; (10) primary objective being personal growth, or increased awareness of self and understanding of others; (11) the value of non-agenda groups to student and supervisor; (12) responsibility of supervisors providing clinical supervision of the students in their groups; (13) use of contracts; (14) the use of a co-leader in non-agenda groups; (14) the involvement of other disciplines in non-agenda groups, and the success of such programs; (15) the nearly nil use of co-leaders from other disciplines; (16) not using audio-video equipment; (17) not providing Basic CPE students with a bibliography on non-agenda groups; (18) not teaching Basic CPE students how to lead non-agenda groups; (19) the practice of making necessary psychiatric referrals; and (20) type of leadership used in non-agenda groups, which was described as participant-observer.

The supervisors indicated disagreement on the survey in the following areas: (1) the name or title given to Basic CPE non-agenda groups; (2) total number of sessions spent with each group; (3) number of days per week spent with each group; (4) the type of instrument where a testing program was utilized; (5) the authors and therapeutic models influencing the supervisors in their approach to non-agenda groups; (6) the terms of contracts when used; (7) problem areas for leaders of non-agenda groups; (8) common mistakes observed in other supervisors leading non-agenda groups and (9) qualities needed for

leadership of non-agenda groups.

RECOMMENDATIONS

The following recommendations are made on the basis of the literature search findings and implications from the survey.

For Further Study

Further study is recommended in the following areas: (1) Another research design is needed to study non-agenda groups used in the 16-30 (part-time) programs of Basic CPE. Valuable data could be obtained by comparing such non-agenda groups to those used in full-time units of Basic CPE. (2) Research is needed in exploring the CPE supervisors' understanding of such words as self-awareness, personal growth, sensitivity training, and worship. Their understanding of such words may have far reaching implications in their approach to non-agenda groups. (3) It would be interesting to investigate in depth, the current attitude and practice of CPE supervisors in relation to the issue of corporate worship. One might find that a number of supervisors consider some group sessions an experience of worship and therefore feel justified in not stressing a more formal emphasis upon worship. A supervisor's concept of the word worship no doubt affects his implementation of such. It would also be helpful to investigate more carefully the attitudes of CPE supervisors on the broader area of a religious/spiritual emphasis in CPE. (4) Further study might also determine why only 5.7 per cent of Basic CPE non-agenda group members are women, and if this figure is below the national average for women theological students. (5) Data is needed on the

training and/or qualifications of supervisors conducting CPE non-agenda groups. Further research might also reveal the importance of the supervisor as a group leader and his effect upon the non-agenda group. (6) More data is needed on the therapy vs. training controversy, especially, the exact nature and extent of that debate and its implications. (7) Research is needed on finding effective instruments for measuring processes and values of CPE non-agenda groups. Sensitive, reliable and easy to use instruments are also needed to measure any change occurring in the students during a unit of Basic CPE as a result of their involvement in non-agenda groups. (8) More follow-up studies are needed on the effect of non-agenda group experiences upon the lives and ministries of former Basic CPE students.

For Supervisors

It is recommended that: (1) selected bibliographic material be given to those students not planning to enter advanced CPE or those unable to receive other group experiences; (2) students in advanced and supervisory programs in CPE be encouraged to implement research projects dealing with their experiences in non-agenda groups; (3) supervisors make greater efforts in the publication of research based on their own experiences and that of their students in non-agenda groups; (4) supervisors examine current literature dealing with controversies within the small group movement, e.g. group therapy vs. group training, (5) supervisors critically examine their own theoretical understanding of CPE non-agenda groups.

For Seminaries

It is recommended that seminary personnel: (1) encourage more research in the area of CPE non-agenda groups and their place in the small group movement; (2) become aware of the theoretical base being utilized within local CPE non-agenda groups; (3) explore new methods of follow-up after CPE non-agenda groups, in an effort to solidify gains made in such group experiences; (4) examine the curriculum and practices of other seminaries offering group training for their students.

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APPENDIXES

APPENDIX A

APPENDIX A

ASSOCIATION FOR CLINICAL PASTORAL EDUCATION, INC.
Interchurch Center, Suite 450

"A Study Document"

STANDARDS AND PROCEDURES FOR ACCREDITATION OF CPE CENTERS,
CERTIFICATION OF CPE SUPERVISORS, AND PROGRAMS OF CPE

Clinical pastoral education was conceived by Richard C. Cabot as a method of learning pastoral practice in a clinical setting under supervision. The concept was enlarged by Anton T. Boisen to include a case-study method of theological inquiry -- a study of "living human documents." As clinical education developed, other leaders opened the doors to the integration into pastoral practice of knowledge from medicine, psychology, and other behavioral sciences.

It was not until after some forty years of experience, development and practice of clinical pastoral education by several organized but uncoordinated groups that the Association for Clinical Pastoral Education was formed by the merger of several of these groups, i.e., The Institute of Pastoral Care, Inc., The Council for Clinical Training, Inc., The Association of Clinical Pastoral Educators, and The Lutheran Council in the U.S.A. Clinical Pastoral Education Functions of Certification and Accreditation.

The ACPE has thus become the standard-setting, accrediting, certifying, resource agency in the field of clinical pastoral education. It accredits institutions, agencies and parishes as training centers to offer programs of clinical pastoral education and certifies supervisors to conduct these programs.

These ACPE-accredited centers offer clinical pastoral education (1) as a part of theological education, (2) as continuing education for the ministry, (3) as training for institutional chaplaincy, (4) as training for pastoral counseling, (5) as training for certification as supervisor of clinical pastoral education, and (6) as training for other specialized ministries. (Theological schools give academic credit for clinical pastoral education according to the credit system of each school.)

I. THE ACCREDITATION OF CPE CENTERS

CPE is conducted in varied settings, such as (1) state and federal health and welfare institutions, (2) public and private hospitals and mental health centers, (3) parish churches, and (4) other contexts of ministry where appropriate structures for clinical learning exist. The standards express the principles of accreditation for CPE centers. They are to be applied to the many institutional forms which CPE takes.

A. Standards for the Accreditation of CPE Centers

1. The CPE center has a full-time clinically trained and ACPE-certified supervisor who has an established position in his institution, agency or parish.
2. The CPE center has a program of ministry integrated with the services of the institution or agency of which it is a part, and the demonstrated commitment of the institution or agency. This commitment should include responsible financial support of the program and its students, for example, by providing student stipends, adequate secretarial services, office space, travel funds, library facilities, and other means by which the center can carry on its educational function and the supervisor fulfill his professional obligation.
3. The CPE center operates within a milieu that encourages human growth and dignity, promotes interdisciplinary team functioning, and provides adequate teaching resources. CPE students should participate as staff members of the center at a level appropriate to their experience and professional development.
4. The CPE center has a sufficient number of patients, clients, inmates, or parishioners to provide significant opportunities for ministry.
5. The CPE center is large enough to support at least three CPE students so that both peer groups and individual supervisory learning can take place.
6. The CPE center makes provision for professional interchange, consultation, and teaching in relation to persons representing other helping disciplines.
7. The CPE center establishes and uses a committee or board charged with the responsibility of consulting with and supporting the center's clinical education program.

8. The CPE center maintains a permanent file of evaluative records on the CPE of each student who participates in the center's program. If a center should be deactivated for any reason, placement of records will take place according to policies adopted by the region where the center is located.
9. When a CPE center has students placed in assignments which are under separate administration from the primary training institution, i.e., placement in areas which could not by themselves meet minimum standards for accreditation as training institutions, the following additional requirements must be met:
 - a. There must be evidence of clear communication between the affiliated institutions and the primary center.
 - b. It must be demonstrated that there is in the placement, i.e., parish agency or other clinical area, sufficient opportunity for ministry and education which will contribute to the total training program of the student.
 - c. The agreement or contract between a center and its affiliate placements should take into account:
 - (1) The amount of time the student will devote to his activities at the primary center and at the placement
 - (2) The staff functions that the student is expected to carry out in the placement
 - (3) The administrative person or committee in the placement to whom the student is accountable, and how this administrative oversight will be exercised
 - (4) The provision for regular consultation and communication between the primary center and the placement, both to facilitate the placement contract and to review the student's performance in the placement setting
 - d. Not all standards heretofore listed need apply to each part of the accredited CPE center, but evidence must be given that the center as a whole complies with all the standards.
10. Additional standards for centers conducting supervisory training.

All centers must meet the basic standards listed above. Centers which conduct supervisory training must in addition:

- a. Have multiple staff resources to assist in teaching and supervision. This standard can be met either by the presence of two or more supervisors or the active participation of other professional staff persons in the program.

- b. Arrange regular consultation for the supervisor either with his own ACPE colleagues or with appropriate professional peers in his own center.
- c. Provide a peer group for the student who is learning supervision optimally in the center itself, but at least at the regional level on a regular though perhaps infrequent basis.
- d. Offer didactic instruction appropriate to the learning of supervision.
- e. Have at least three CPE students for every student in supervisory training.

B. Procedures for the Accreditation of CPE Centers

- 1. The institution, agency or parish seeking accreditation as a CPE center shall write to the regional director or other appropriate person in the region requesting an accreditation review.
- 2. The regional director or other appropriate regional person will send the institution, agency or parish a copy of the Standards and request a written report signed by the administrator and by the CPE supervisor describing how the institution meets the requirements of an accredited CPE center. This report shall have the concurrence of the appropriate board, committee or staff of the proposed CPE center.
- 3. The regional director or other appropriate person in the region shall arrange a site visit, using experienced and qualified examiners to visit the institution, agency or parish, to examine the educational objectives, to inspect courses, programs, administrative practices and facilities. This visit shall include adequate consultation, in a group or individually, with those persons in the institution, agency or parish who are concerned with the proposed CPE program.
- 4. An appropriate accreditation review fee based on cost shall be paid by the proposed CPE center. The regional director or other appropriate person in the region shall inform the institution, agency or parish seeking accreditation of the amount of the accreditation review fee prior to the visit.
- 5. The site team will prepare a written report evaluating the proposed CPE program in the light of the requirements for accreditation of CPE centers. This shall include (a) a description of how the center meets each requirement for accreditation, (b) an evaluation of plans for the proposed CPE program, (c) notations of areas needing attention and development before full accreditation is granted. The site team will recommend provisional accreditation if minimum requirements are fulfilled.

6. Copies of the report will be sent to the regional certification and accreditation committee and to the responsible administrator and CPE supervisor of the proposed CPE center.
7. After receiving the site team report, the regional certification and accreditation committee may grant provisional accreditation of the proposed CPE center for one year. The regional director and the national office will be informed of the regional certification and accreditation committee's action.
8. After not less than one year and the completion of at least one unit of CPE, the CPE center will write to the regional certification and accreditation committee requesting (a) continued provisional accreditation or (b) full accreditation as a CPE center. The request shall include (a) a description of the current status of the CPE program in the center and (b) a discussion of areas previously noted as needing attention and development before applying for full accreditation.
9. After reviewing this report, the regional certification and accreditation committee will determine if other information is needed or if a second site visit is indicated and will take one of the following actions: (a) grant continued provisional accreditation for one year, (b) recommend full accreditation to the House of Delegates Certification and Accreditation Committee, (c) withdraw provisional accreditation.
10. If the CPE center is recommended for full accreditation, the House of Delegates Certification and Accreditation Committee will review the written report of the region and, on the basis of that report, may recommend full accreditation of the center to the House of Delegates.
11. The ACPE executive officer will notify the CPE center of its full accreditation and will provide a certificate of accreditation. A copy of this notification will be sent to the regional director.
12. Each accredited CPE center will be reviewed at least every seven years. Whenever there is a major change in administrative personnel or in policies, or if there is a change in the CPE supervisor, an accreditation review may be requested by (a) the CPE center administrator, (b) the CPE supervisor, or (c) the regional certification and accreditation committee.
13. At the time of the periodic accreditation review, the regional certification and accreditation committee may recommend to the House of Delegates Certification and Accreditation Committee one of the following actions: (a) continuation of the accreditation, (b) probationary accreditation for one year until certain specified requirements are again met, or (c) the withdrawal of accreditation.

14. Any center that desires to appeal an accreditation decision may send a comprehensive written report to the regional certification and accreditation committee stating clearly the basis for the appeal and the reasons for requesting a different decision. The regional certification and accreditation committee, after due study and deliberation, will communicate in writing to the CPE center their response to the appeal. Any CPE center may make further appeal only on the claim that the regional certification and accreditation committee has violated the standards and procedures of the ACPE. Any such appeal will be made to the House of Delegates Judiciary Committee through the executive officer of the Association.

C. Formation of a CPE Cluster

A cluster is a group of accredited CPE centers functioning as an educational unit.

Approval of a cluster is based upon the following criteria (as stated in ACPE By-Laws):

- "1. Evidence of there being not less than three accredited centers within the same region responsibly related to theological education, ordinarily with at least one seminary, the cluster functioning as a unified educational unit.
2. Evidence of a responsible committee or board that has general oversight of the training offered in the cluster.
3. Evidence of having integrated clinical pastoral education with the total curriculum of theological education.
4. Evidence of the integration of other theological disciplines into the clinical pastoral education offered in the training centers.
5. Evidence of offering integrated programs of study for trainees, utilizing the resources and facilities of the training centers within the cluster.
6. Evidence of having established a program for the continued education of the supervisors in the cluster.
7. Evidence of geographic accessibility of the participating training centers and seminaries."

Any group of accredited CPE centers seeking approval as a cluster will make a request to the regional executive committee. The proposed cluster will provide a comprehensive written statement describing the manner in which they meet the requirements for a cluster.

The regional executive committee will take whatever steps are necessary to evaluate the proposed cluster.

When the regional executive committee has determined that a proposed cluster has met the criteria, they will forward the written report with their recommendation to the House of Delegates Executive Committee.

The House of Delegates Executive Committee will inform the proposed cluster of their decision on the request to form a cluster.

Any CPE center becoming a part of the cluster must have prior ACPE accreditation.

II. THE CERTIFICATION OF CPE SUPERVISORS

CPE supervisors are specialists in supervising programs of CPE. They are clinical, theological educators, who meet certain requirements for certification.

Some of the requirements are formal, other are matters of judgment concerning a candidate's level of functioning. It should in general be stressed and clearly understood that (1) the certification process always emphasizes a candidate's ability to demonstrate the kind of personal and professional competence essential for supervisory training in interpersonal relationships at a profound level; (2) the completion of formal requirements is always seen in relation to such a demonstrated ability to function; and (3) certification as a supervisor is always a matter of the judgment of one's professional peers who are the delegated representatives of the professional body.

A. Requirements for Certification of CPE Supervisors

1. Certification of Acting Supervisor

a. Minimum requirements

- (1) Graduation from college
- (2) Graduation from an accredited theological school
- (3) Ordination or certification in a religious vocation and ecclesiastical endorsement
- (4) Four units of CPE or its equivalent
- (5) One unit of training in supervision of CPE
- (6) A period of pastoral experience

b. Professional competence

(1) Pastoral competence, as demonstrated by:

- (a) Personal integrity and pastoral identity
- (b) Emotional and spiritual maturity
- (c) Ability to form meaningful pastoral relationships
- (d) A pastoral theology which is correlated with pastoral functioning

(2) Supervisory competence, as demonstrated by:

- (a) Ability to choose methods of individual and group supervision appropriate to specific individuals and groups
- (b) Ability to plan, organize and carry out a program of CPE
- (c) Ability to work as a member of a teaching team in an interdisciplinary setting
- (d) Ability to understand and articulate the theory, skill and art of supervision

(3) Conceptual competence, as demonstrated by:

- (a) Familiarity with diverse conceptual frameworks in theology and the life sciences as these relate to pastoral functioning
- (b) Ability to articulate a mature personal theoretical position of his own faith and experience, and to show its relationship to pastoral supervisory functioning
- (c) Ability to integrate knowledge and skill, theory and practice to the end that one functions creatively, flexibly and imaginatively

2. Certification of CPE Supervisor

- a. He will have met all of the requirements for certification of acting supervisor.
- b. He will have conducted independently at least one unit of CPE in which he has demonstrated the minimum requirements and the professional competence described in Section 1.

3. Continuation of Supervisory Status

The continuation of certified supervisory status is based on high standards of personal and professional ethics; personal, spiritual and educational growth, continuing and regular supervision of students in accordance with the Standards; or participating in a continuing education program related to CPE every three years; good standing in a recognized denomination; and membership in the Association.

B. Procedures for the Certification of CPE Supervisors

1. When a student and his supervisor agree as to his readiness to pursue supervisory CPE, they will consult with the regional certification and accreditation committee.
2. When a student has completed supervisory CPE, he may at his request be reviewed by the regional certification and accreditation committee. He will furnish the written work requested by the committee and appear in person to demonstrate his supervisory competence.
3. If he meets the standards for a CPE supervisor, he will be granted the status of acting supervisor for a period of not longer than two years unless extended by the regional certification and accreditation committee. The regional certification and accreditation committee will be available to the acting supervisor for consultation.
4. Following at least one year of functioning as an acting supervisor, and after conducting at least one unit of CPE, the candidate may request a review and examination by the House of Delegates Certification and Accreditation Committee.
5. The candidate will furnish the written work requested by the House of Delegates Certification and Accreditation Committee and, on the basis of written work, the committee will schedule a personal interview and examination of the candidate's professional competence as a CPE supervisor.
6. If the candidate meets the requirements as defined in the Standards, he will be recommended to the House of Delegates as a CPE supervisor.
7. When the House of Delegates has taken action on the recommendation, the ACPE executive officer will notify the candidate and send him an official certificate of certification.

8. A supervisor who has not conducted a CPE program for more than a two-year period must consult with the regional certification and accreditation committee in order to maintain his supervisory status. In this consultation, the supervisor should be prepared to demonstrate how his present activities relate to CPE.
9. A CPE supervisor may be given inactive status at his request or automatically after three years of supervisory inactivity.
10. An inactive supervisor desirous of reinstatement of his credentials shall, in consultation with the regional certification and accreditation committee, request review by the House of Delegates Certification and Accreditation Committee.

III. PROGRAMS OF CPE

The essential elements in any program of CPE include the following:

- a specific time period (unit of training)
- the actual practice of ministry to persons
- detailed reporting and evaluation of that practice
- pastoral supervision
- an individualized contract for learning
- a process conception of learning
- a theoretical perspective on all elements of the program
- a small group of peers in a common learning experience

These elements appear in various programmatic forms, shaped by (a) the needs of particular students and where they are in their careers of ministry; (b) the resources of the particular CPE center; and (3) the educational goals of the center and its students.

Three levels of CPE are distinguished in the Standards: Basic, Advanced, and Supervisory. Standards for each level are indicated with reference to the variables listed above.

A. Basic CPE

1. Objectives of Basic CPE

Basic CPE is a learning experience in the meaning and dimensions of ministry through critical evaluation of the functions of ministry. This process enables the student to learn about himself, his ministerial role, the persons to whom he ministers, and the context of his ministry.

Basic CPE affords the student an opportunity under pastoral supervision along with fellow students to explore and evaluate:

- a. his personal and ministerial identity
- b. his function as a minister
- c. his relationships to other professional disciplines and ability to think theologically about his experience
- d. his ability to communicate his faith meaningfully
- e. his interpersonal relationships and the processes by which he grows
- f. his attitudes, values, and assumptions about life

2. Standards for Basic CPE

Basic CPE requires:

- a. A minimum time period of a Unit of Training, defined below:
 A Unit of Basic CPE is at least 400 hours of supervised learning.
 A Half-Unit is at least 240 hours of supervised learning.
- b. Involvement in responsible ministry to persons in varying conditions of need
- c. Participation in a peer group of no fewer than three with opportunities for small group interaction
- d. Ministry exercised in the context of staff relationships
- e. Individual and group supervision by an ACPE-certified supervisor
- f. Regular reporting and evaluation of specific instances of ministry by means of process notes, verbatims, case summaries, critical incident reports, etc.
- g. Enlistment of the student as a partner in the learning process by helping him identify his goals, plan for his own learning, and evaluate his progress at appropriate points in training, especially at entry and termination of a unit of training
- h. Bringing theory to bear on the practical work of ministry. This includes the theoretical understanding of the person, his relationships, and the context in which he ministers. Essentially this involves assisting the student to clarify his operational concepts and styles of ministry. Structures useful for this purpose are seminars, group experience, lectures, etc.

3. Admission

Admission to Basic CPE is based on the following:

- a. An admission interview by a qualified examiner
- b. Acceptance by the supervisor of a training center
- c. Such other requirements of education and/or experience as a CPE center may establish

B. Advanced CPE

1. Objectives of Advanced CPE

While Advanced CPE programs continue the learning process begun in Basic CPE, an important new dimension is added. Advanced programs demand the development of increased professional competence in a particular field of ministry.

Objectives of Advanced CPE are to enable the student, under continued pastoral supervision and peer group experience, to do the following:

- a. Participate with increasing responsibility in the ministry of the center
- b. Develop and demonstrate pastoral theology in correlation with pastoral function
- c. Work toward peer relationship with the supervisor
- d. Articulate an understanding of his work in relation to the total administrative program in the center
- e. Specifically define the uniqueness and limitations of his professional role in relation to other disciplines
- f. Engage in varied and extended relationships of ministry
- g. Participate in a curriculum, involving an interprofessional faculty, which examines human functioning both theologically and clinically
- h. Focus in a particular area of ministry such as parish ministry, pastoral care and counseling, institutional chaplaincy, group leadership, ministry to urban structures, etc.

Standards for Advanced CPE

Advanced CPE requires:

- a. A unit of training. Advanced CPE usually involves two or more units.
- b. Varieties of pastoral encounters of both short- and long-term involvement
- c. Increased administrative responsibility for initiating and sustaining a program of ministry to individuals and groups
- d. Continuation of small group learning with peers
- e. Ministry that evidences clear role identification in relationship to the sociopolitical and administrative context of the clinical setting
- f. Individual and group supervision by an ACPE-certified supervisor
- g. Developing appropriate methods of reporting and evaluating a process of ministry
- h. A clear contract for learning which realistically coordinates the unique resources of the center with the professional goals of the students
- i. Didactic instruction that develops a conceptual framework for the particularized practice of ministry. A program should develop a curriculum that both enables professional standards of practice and promotes knowledge in the life sciences, helping relationships, and the theological understanding of man.

3. Admission

Admission to Advanced CPE is based upon:

- a. Evidence of successful completion of the program objectives of Basic CPE or its equivalent
- b. A person-to-person interview with the training supervisor
- c. Consultation with a professional committee chosen by the training supervisor or the regional certification and accreditation committee

C. Supervisory CPE

1. Objectives of Supervisory CPE

Supervisory training provides a learning opportunity for the qualified clergyman with demonstrated pastoral, professional, and clinical competence who desires to become a certi-

fied supervisor of CPE. Under the direct supervision of a qualified supervisor, the candidate assumes appropriate supervisory responsibility for a minimum of one full-time unit of CPE.

While Supervisory CPE builds upon and continues the learning process begun in Basic and Advanced CPE, the program is specifically designed to enable the trainee to:

- a. Become skilled in the theory and the practice of supervision
- b. Function maturely in the total pastoral ministry of the training center
- c. Plan educational programs in cooperation with other training programs in the center and consistent with the caring functions of that center
- d. Articulate his professional functioning and expertise in ways that contribute to the total care of people and which define this relationship to other helping professions
- e. Articulate an understanding of man that relates theology, theoretical perspectives from the life sciences, and clinical experience
- f. Communicate an understanding of the sociopolitical and administrative structures and dynamics of his field of ministry
- g. Become skilled in group functioning and leadership

2. Standards for Supervisory CPE

Supervisory CPE requires that:

- a. The program take place in a center accredited to offer Supervisory CPE
- b. The training supervisor consult with his regional certification and accreditation committee to demonstrate his program plans for meeting the program objectives of Supervisory CPE
- c. The program provide a minimum of one unit of supervisory training, but allow, and in most cases plan for, additional units of supervisory experience

3. Admission

Admission to Supervisory CPE is based upon:

- a. Ecclesiastical endorsement
- b. A period of time which allows the candidate to demonstrate his ability to function pastorally
- c. Completion of at least four units of CPE
- d. Consultation by the appropriate committee in the region with respect to his readiness to pursue supervisory training
- e. Acceptance for training by a supervisor in a training center accredited to offer supervisory training

APPENDIX B

SURVEY OF CPE SUPERVISORS ON NON-AGENDA GROUPS

GENERAL INSTRUCTIONS: "Non-agenda Group" is used here to describe such groups as Interpersonal Relations Groups, T-Groups, Sensitivity Training Groups, etc. Clinical Seminars or didactic seminars are NOT to be considered in answering the questions of this survey.

A. GROUP DESCRIPTION

INSTRUCTIONS: Please give the following information ONLY in relation to a unit of CPE I, preferably your last unit. Indicate in the following blank when the unit you are reporting on was offered. _____

List the names (or descriptive titles, e.g. "IPR," "T-Groups," etc.) of all the non-agenda groups you "conducted" with CPE I students (during the unit you listed above), plus the additional information requested in the chart below.

NAME OF GROUP	NO. OF STUDENTS		TOTAL NO. OF WEEKS SPENT WITH EACH GROUP	TOTAL NO. OF SESSIONS FOR EACH GROUP	AVERAGE TIME IN EACH SESSION	DAYS GROUPS WERE CONDUCTED (Circle)
	Women					S M T W T F S
	Men					
	Women					S M T W T F S
	Men					

B. GROUP PHILOSOPHY AND GOALS

INSTRUCTIONS: Most of the following questions are of a general nature, however, your answer should reflect your present philosophy and goals for CPE I non-agenda groups.

- Are all of your CPE I students required to participate in non-agenda groups?
☐ Yes ☐ No
- If not, what are the conditions under which such exceptions are made?

- Is your emphasis upon non-agenda groups for CPE I
☐ Increasing ☐ Decreasing ☐ Remaining Constant
- Is a "testing program" included in your non-agenda groups, e.g. sociometric measurements, check lists, psychological tests?
☐ Yes ☐ No
- If yes, what type of test do you use? _____

6. State the primary objective of your non-agenda groups. _____

7. What do you consider to be the chief value of non-agenda groups for the supervisor? _____

8. What do you consider to be the chief value of non-agenda groups for the student? _____

9. Rate the following elements according to their importance for CPE I students. Put an "X" in the appropriate box to indicate your rating of each item.

	VERY IMPORTANT	IMPORTANT	DOUBTFUL VALUE	UNIMPORTANT	VERY UNIMPORTANT
Corporate Worship of Students					
Didactic Seminars					
Non-agenda group Sessions					
Readings					
Student-Patient Relationships					
Student-Staff Relationships					
Student-Student Relationships					
Student-Supervisor Relationships					
Student-Supervisor Conferences					
Other					

10. List two authors (and their major work) who have influenced you the most in your present approach to non-agenda groups.

a. AUTHOR _____ WRITING _____

b. AUTHOR _____ WRITING _____

11. Which therapeutic model has been the most influential on your approach to non-agenda group work (e.g. transactional analysis, reality therapy, sensitivity training, psychoanalysis, etc.)? _____

12. Is there a basic difference between your non-agenda groups and group therapy?
 () Yes () No

13. If you answered question no. 12 "Yes," how are they different? If "No," how are they similar? _____

14. Is there a professional therapist available to whom your CPE I students may be referred for individual therapy?
☐ Yes ☐ No
15. If yes, how many such referrals did you make for CPE I students during the unit you described on page one? _____

3. GROUP LEADERSHIP

1. Do you consider your "leadership" of non-agenda groups to be basically
☐ Directive ☐ Non-directive ☐ Participant-observer
☐ Person-centered (Rogerian) ☐ Other _____
2. What term do you prefer to use in describing your leadership role in non-agenda groups (e.g. facilitator, leader, trainer, etc.)? _____
3. When you "lead" a non-agenda group, are you also responsible for giving the group members individual clinical supervision?
☐ Always ☐ Usually ☐ Seldom ☐ Never
4. What do you consider to be your primary function as "group leader?"

5. Do you present a "contract" to (or make an agreement with) your non-agenda groups?
☐ Always ☐ Usually ☐ Seldom ☐ Never
6. If used, what are the most commonly used terms of your "contract?"

7. Do you use a co-leader in your non-agenda groups?
☐ Always ☐ Usually ☐ Seldom ☐ Never
8. Do you ever have students from other disciplines involved in non-agenda groups with CPE I students? ☐ Yes ☐ No
9. If yes, which disciplines? _____
a. How many times have you done this (estimate)? _____
b. Did you consider the "combination" a success?
☐ Never ☐ Seldom ☐ Usually ☐ Always
c. In such cases, did you work with someone from the other discipline as "co-leader?" ☐ Never ☐ Seldom ☐ Usually ☐ Always
d. Was the "combination" (working as co-leader with someone from another discipline) successful enough to justify its practice again?
☐ Yes ☐ No ☐ Undecided

10. Do you provide your CPE I students with a bibliography on non-agenda groups?
() Yes () No
11. Do you tape-record your non-agenda group sessions?
() Always () Usually () Seldom () Never
12. Do you video-tape your non-agenda group sessions?
() Always () Usually () Seldom () Never
13. How do you use the audio and/or video recordings? _____

14. What do you consider to be the greatest "problem area" for "leaders" of non-agenda groups? _____
15. List the three most common "mistakes" you have observed in other supervisors "leading" non-agenda groups. (a) _____
(b) _____ (c) _____
16. What three qualities (or principles) do you consider to be basic in "leading" non-agenda groups? (a) _____
(b) _____
(c) _____
17. Do you teach CPE I students how to "lead" non-agenda groups?
() Yes () No

D. PERSONAL DATA

1. Where did you get your CPE training? (Please include dates)
(a) _____ (b) _____
2. Who supervised you on an individual basis?
(a) _____ (b) _____
3. Your present age? _____
4. Your highest degree? _____
5. Did you receive special training in "leading" non-agenda groups before you began "leading" such groups? () Yes () No
(a) What kind of training? _____
(b) When? _____ (c) Where _____

E. FURTHER COMMENTS ON A SEPARATE SHEET OF PAPER WILL BE APPRECIATED.

Your signature is optional _____

APPENDIX C

APPENDIX C

CHRONOLOGICAL BIBLIOGRAPHY OF DISSERTATIONS

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